## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000102202

Entity Name: BANNER HOMES OF FLORIDA I

FILED Feb 08, 2006 Secretary of State

Entity Nai	me: BANNER	HOMES OF FLORIDA, INC				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
1049 W BI TAMPA, F	USCH BLVD L 33612					
Current M	lailing Addres	ss:	New Mailing Address:			
1049 W Bl TAMPA, F	USCH BLVD L 33612					
FEI Number	: 56-2398268	FEI Number Applied For()	FEI Number Not Applic	able ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and A	Address of	New Registered Agent:	
1203 GOV SUITE 101	ERNORS SQL					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its	registered (	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( MEAD, DAVID 2010 S VILLAG TAMPA, FL 33		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP (X WATSON, BRA 1049 W BUSCI TAMPA, FL 33	H BLVD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( MEAD, MARGO 1049 W BUSCI TAMPA, FL 33	H BLVD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( MEAD, MAGGY 1049 W BUSCI TAMPA, FL 33	H BLVD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title:	VP (	) Delete	Title:	V ()	() Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MADDOX, CHARLES T

1049 W BUSCH BLVD

TAMPA, FL 33612

SIGNATURE: MARGO I MEAD T 02/08/2006

MADDOX, CHARLES T

1049 W BUSCH BLVD

TAMPA, FL 33612

Name:

Address:

City-St-Zip: