

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90134 004 \*\*\*150.00

DOCUMENT # P03000106165

1. Entity Name  
**BANNISTER ENTERPRISES, INC.**



Principal Place of Business: **5029 TAMMIAMI TRAIL E 1330 RAIL HEAD NAPLES, FL 34113-4126 34110**  
 Mailing Address: **5029 TAMMIAMI TRAIL E 1330 RAIL HEAD NAPLES, FL 34113-4126 34110**

**50006473**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **13-4266232** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KEATON, EARL F**  
**1900 OAK DR**  
**ALVA, FL 33920**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Earl F. Keaton* DATE: **1/17/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEATON, EARL 1900 OAK DR ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS BANNISTER, DAN R 11710 PLAZA OF THE AMERICAS DRIVE RESTON, VA 20190
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl F. Keaton* EARL F. KEATON DATE: **1/17/06** 239-514-2620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #