## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Feb 28, 2007 08:00 AM DOCUMENT # P04000103141 **Secretary of State** 1. Entity Name BANNER MARKETING SERVICES INC Principal Placo of Business 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FE! Number Applied For 42-1637873 Not Applicable Żıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANNER, JERRY Street Address (P.O. Box Number is Not Acceptable) 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 City Zip Codo 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Delete ☐ Addition BANNER, JERRY NAME NAME noooooe20385 1533 LAWNDALE CIRCLE STREET ADDRESS STREET ADDRESS 03/08/07-80035-016 150.00 WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP DILE Delete ☐ Change Addition BANNER, MARIAN NAME NAME 1533 LAWNDALE CIRCLE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-SI-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP city-st-zic TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

STREET ADDRESS

CITY+SI-ZIP

STREET ADDRESS

CITY-ST-ZIP