2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172753

1. Entity Name JOHN E. BANKS, JR., P.A.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

1601 20TH STREET VERO BEACH, FL 32960 Mailing Address

1601 20TH STREET VERO BEACH, FL 32960



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04242007 No Chg-P CR2E034 (11/05)

25-1914180

4. FEI Number

Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired ~ X Fee Required

BANKS, JOHN E **1601 20TH STREET**

VERO BEACH, FL 32960

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.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BANKS, JOHN E JR 1601 20TH STREET VERO BEACH, FL 32960				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKS, JOHN E JR 1601 20TH STREET VERO BEACH, FL 32960				000000738664 05/11/07-80078-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		MAI 2 201 M2 - 31 - 31			

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 withyan address, with all other like empowered?

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF BIGHING OFFICER OR DIRECTOR