

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90055 011 ***150.00

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DOCUMENT # P05170 1. Entity Name BANNUM, INCORPORATED			
Principal Place of Business 2165 SUNNYDALE BLVD STE C CLEARWATER, FL 33765 US		Mailing Address 2165 SUNNYDALE BLVD STE C CLEARWATER, FL 33765 US	
2. Principal Place of Business 8726 OLD County Rd #54 Suite, Apt. #, etc. # E		3. Mailing Address 8726 OLD County Rd #54 Suite, Apt. #, etc. # E	
City & State New Port Richey FL Zip 34653		City & State New Port Richey FL Zip 34653	
Country USA		Country USA	
4. FEI Number 61-1063608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICH, JOHN D 2165 SUNNYDALE BLVD #C CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8726 OLD County Road #54 # E City New Port Richey FL Zip Code 34653	
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 <u>John D. Rich, President 3/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RICH, JOHN STREET ADDRESS 656 NORMANDY RD CITY-ST-ZIP MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8726 OLD County Rd #54 Suite E New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ED NAME LOWRY, DAVID A STREET ADDRESS 2701 GULF BLVD CITY-ST-ZIP BELLEALEE BEACH, FL 33735	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME RICH, ARNOLD R STREET ADDRESS 2165 SUNNY DALE BLVD #C CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8726 OLD County Rd #54 Suite E New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME RICH, PATTI S STREET ADDRESS 2165 SUNNY DALE BLVD., #C CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8726 OLD County Rd #54 # E New Port Richey FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President 3/1/05 727-588-2594 <small>Date Daytime Phone #</small>	