

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90045 042 ***150.00

DOCUMENT # P06000073331

1. Entity Name
BANANA BAY LANDSCAPING, INC



Principal Place of Business Mailing Address

6854 HOLLY HILL RD **6854 HOLLY HILL RD**
MELROSE, FL 32666 US **MELROSE, FL 32666 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

300 SR 26 Melrose, FL. **P.O. Box 366**

Suite, Apt. #, etc. Suite, Apt. #, etc.

2001

City & State City & State

Melrose, FL. **Melrose, FL.**

Zip Country Zip Country

32666 USA **32666 USA**

40021100



01292007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4952506 Not Applicable

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

6. Name and Address of Current Registered Agent

REVAY, CHARLIE L
6854 HOLLY HILL ROAD
MELROSE, FL 32666

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

SAME

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 _____ DATE _____

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAY, CHARLIE L	NAME	
STREET ADDRESS	6854 HOLLY HILL RD	STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBREL, NICK A	NAME	
STREET ADDRESS	P. O. BOX 1754	STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAY, PAUL D	NAME	
STREET ADDRESS	6854 HOLLY HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELROSE, FL 32666	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Charlie L Revay* **1-31-07** **(352) 475-3433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #