

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 050 ***150.00

DOCUMENT # P07000078463

1. Entity Name
BANYAN SAGE CORP



Principal Place of Business
**1790 PALMER AVE
WINTER PARK, FL 32789**

Mailing Address
**1790 PALMER AVE
WINTER PARK, FL 32789**

40055000



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

499 N. ST. RD 434

Suite, Apt. #, etc.

Suite 2179

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Address

499 N. ST. RD 434

Suite, Apt. #, etc.

Suite 2179

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

02222008

Chg-P

CR2E034 (12/06)

4. FEI Number

210-0582084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIZEMORE, ANTHONY
1790 PALMER AVE
WINTER PARK, FL 32789**

Name

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

499 N. ST. RD. 434

Suite 2179

City

Altamonte Springs

FL

Zip Code

32714

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

Anthony Sizemore

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SIZEMORE, ANTHONY L**
STREET ADDRESS **1790 PALMER AVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VP** ☐ Delete
NAME **SIZEMORE, LEE**
STREET ADDRESS **2563 DOBBIN DR.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **S/T/D** ☐ Delete
NAME **Helli**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **703 Nicoma Trail**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **Hollingsworth II, George R.**
STREET ADDRESS **2225 Nola Ave**
CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Anthony Sizemore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony L. Sizemore

Date

4/25/08 407-862-9560

Daytime Phone #