

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P94000053016

1. Entity Name
BANYAN CONTRACTORS, INC.



Principal Place of Business
4316 60TH AVENUE
VERO BEACH, FL 32967

Mailing Address
4316 60TH AVENUE
VERO BEACH, FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0506119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKERSON, ROBERT E
4316 60TH AVENUE
VERO BEACH, FL 32967

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HICKERSON, ROBERT E
4316 60TH AVENUE
VERO BEACH, FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400060457734
10/10/05--01078--011 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROMANO, ALAN P
4316 60TH AVE.
VERO BEACH, FL 32967 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORBY, BEN DAVID
4316 60TH AVE.
VERO BEACH, FL 32967 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Theall, Angela J.
4316 60TH AVE.
VERO BEACH, FL 32967 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E Hickerson

Date

Sept. 28 2005

Daytime Phone #

(772) 563-0702