2007 FOR PROFIT CORPORATION

Jan 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P94000053016 01-18-2007 90088 046 ***150 00 BANYAN CONTRACTORS, INC. Principal Place of Business Mailing Address 40002736 4316 60TH AVENUE 4316 60TH AVENUE VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 65-0506119 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKERSON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 4316 60TH AVENUE VERO BEACH, FL 32967 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠP TITLE ☐ Delete TITLE HICKERSON, ROBERT E NAME NAME STREET ADDRESS 4316 60TH AVENUE STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition Black, Gilbert ROMANO, ALAN P NAME MAME 4316 60 B AUC STREET ADDRESS 4316 60TH AVE. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP Vero Beach, FL 32967 TITLE Delete TITLE Change ☐ Addition THEALL, ANGELA J NAME NAME STREET ADDRESS **4316 60TH AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 useful empowered to execute this poport 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

712-563-0702

FILED