## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90216 023 \*\*\*150.00

| DOCUMENT # P9400087106  1. Entity Name BANKS BOOKS, INC.   |  |   |                                   |  | 01-16-2007 90216 023 ***150.00                          |  |  |   |   |
|--|--|---|-----------------------------------|--|---|--|--|---|---|
| Principal Plac   | e of Business  | Mailing Address   |                                   | 1.7  |   |  | 8000122a   |   |   |
| 2011 GIBSON ROAD   |  | 2011 GIBSON ROAD  |                                   |  |   |  |  |   |   |
| JACKSONVILLE, FL 32207   |  | JACKSONVILLE, FL 32207  |                                   |  |   |  | •  |   |   |
|  |  |   |                                   |  | 1 12 8 17 8 8 1   | is (sill gish sgilt ssirt s  | 16(8) 88(8) (BIN 18:                               | TTI NTH STATE OF                              | 11881 () 1881                           |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |                                   |  |   |  |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                                   |  | 01042007  | Chg-P  | CR2E0  | 34 (12/06)                                    |   |
| City & State   |  | City & State  |                                   | 11.11  | 4. FEI Numb<br>59-327                                   |  | _  | <u> </u>                                      | plied For<br>at Applicable              |
| Zip  | Country  | Zip   | Count                             | try  | 5. Certificate  | of Status Desired  |  | \$8.75 Add                                    | litional<br>d                           |
|  | 6. Name and Address of Current   |   | 7. Name and                       | Address of New   |   |  | *****  |   |   |
| DANIKO O   | 01155114   |   |                                   | Name C   | OLLE  | = N M  | BAN  | ۱KS   |   |
| BANKS, COLLEEN M<br>650 MICKLER RD   |  |   |                                   | Name COLLEEN M BANKS  Street Address (P.O. Box Number is Not Acceptable) |   |  |  |   |   |
| JACKSONVILLE, FL. 32211  |  |   |                                   |  |   |  |  |   |   |
| •  |  |   | ar                                | 2116   | 1BSON   | RD   |  |   |   |
|  |  |   |                                   | City TA  | VKANI   |  | FL   | Zip Code                                      | 9                                       |
| 8. The above handed entity submits this statement for the number of chaosing its register.   |  |   |                                   | od office or register  | NA PRODUCE DE PE  | ILLE   |  | ے6کا۔   | 201                                     |
| 8. The above handed 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. |  |   |                                   |  |   |  |  |   |   |
| 1-9-n7   |  |   |                                   |  |   |  |  |   |   |
| SIGNATURE (NOTE: Registered Agent signature required when reinstating)  DATE   |  |   |                                   |  |   |  |  |   |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Added   |  |   |                                   |  |   |  |  |   |   |
| 10.  | OFFICERS AND DIRECTORS 11.   |   |                                   |  | ADDITIONS   | /CHANGES TO OF   | FICERS AND   | DIRECTORS                                     | S IN 11                                 |
| TITLE  | D DANKS COLLEGE  | ☐ Delete  | TITLE                             |  |   |  |  | ☐ Change                                      | ☐ Addition                              |
| NAME<br>Street address   | BANKS, COLLEEN<br>650 MICKLER RD   |   | NAME                              | T ADDRESS  |   |  |  |   |   |
| CJTY-ST-ZIP  | JACKSONVILLE, FL 32211   |   |                                   | ST-ZIP   |   |  |  |   |   |
| TITLE  |  | ☐ Delete  | TITLE                             |  |   |  |  | ☐ Change                                      | ☐ Addition                              |
| NAME   |  |   | NAME                              | į.   |   |  |  | Change  | ☐ Acciton                               |
| STREET ADDRESS   |  |   |                                   | ET ADORESS   |   |  |  |   |   |
| CITY-ST-ZIP  |  | THE CL  | CITY-                             | ST-ZIP   |   |  |  |   |   |
| TITLE<br>NAME  |  | ☐ Delete  | TITLE                             |  |   |  |  | ☐ Change                                      | Addition                                |
| STREET ADDRESS   |  |   | NAME                              | T ADDRESS  |   |  |  |   |   |
| CITY-ST-ZIP  |  |   |                                   | ST-ZIP   |   |  |  |   |   |
| TITLE  |  | ☐ Delete  | TITLE                             |  | -   | Mn.e   | <del></del>  | Change  | ☐ Addition                              |
| NAME   |  |   | NAME                              |  |   |  |  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                                   | T ADDRESS  |   |  |  |   |   |
| TITLE  |  |   |                                   | ST-ZIP   |   |  |  |   |   |
| NAME   |  | Delete  | TITLE                             | ì  |   |  |  | Change  | Addition                                |
| STREET ADDRESS   |  |   |                                   | T ADDRESS  |   |  |  |   |   |
| CITY-ST-ZIP  |  |   | CITY-                             | ST-ZIP   |   |  |  |   |   |
| TITLE  | · ···  | ☐ Delete  | TITLE                             |  | <del></del>   |  |  | ☐ Change                                      | Addition                                |
| NAME   |  |   | NAME                              |  |   |  |  | . •   | _ `                                     |
| STREET ADDRESS CITY-ST-ZIP   |  |   |                                   | T ADDRESS  |   |  |  |   | İ                                       |
|  | artifu that the information availand with  | this filing does not await.   |                                   | ST-ZIP   |   |  |  | <del>-</del>                                  |   |
| indicated<br>of the corr<br>changed.   | ertify that the information supplied with<br>on this report or supplemental report is<br>poration or the redeiver or trustee empo<br>or on an attachment with an address | true and accurate and that my<br>wereouto execute this report a<br>with all other like empowered. | rie exe<br>y signati<br>is requir | inplions contained<br>ure shall have the s<br>ed by Chapter 607          | in Chapter 119<br>same legal effec<br>, Florida Statute | e, Florida Statutes.<br>It as if made under<br>es; and that my nar | I further certi<br>oath; that I a<br>ne appears ir | fy that the in<br>m an officer<br>Block 10 or | formation<br>or director<br>Block 11 if |