


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000026985 1. Entity Name BANNER EXTERIORS, INC. |  |
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|---|---|
| Principal Place of Business 504 S 33 STREET FORT PIERCE, FL 34947 | Mailing Address 504 S 33 STREET FORT PIERCE, FL 34947 |
|---|---|



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-0574973 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LOPER, DAVID II
5804 BAMBOO DRIVE
FORT PIERCE, FL 34982**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOPER, DAVID II 5804 BAMBOO DRIVE FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LOPER, DAVID 5385 NEKOMA STREET PORT SAINT LUCIE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOPER, DAVID II 5804 BAMBOO DR FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAGATO, JANESE 1502 SW NEPTUNE AVENUE PORT ST LUCIE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000370202
07/05/05-80006-011 550.00

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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:  **DAVID LOPER** 7/1/05 772-446-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #