


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000032804</b> 1. Entity Name <b>BANNER MARKETING, INC.</b>	
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Principal Place of Business 7694 CROSSTREE LN JACKSONVILLE, FL 32256-2347 US	Mailing Address 7694 CROSSTREE LN JACKSONVILLE, FL 32256-2347 US
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03302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3372546</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CHRISTIAN, GARY I 3100 UNIVERSITY BOULEVARD SOUTH SUITE 101 JACKSONVILLE, FL 32216
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUCKWORTH, DAVID 7694 CROSSTREE LN JACKSONVILLE, FL 322562347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWEENEY, LAURA C 7694 CROSSTREE LN JACKSONVILLE, FL 322562347
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<p>000000101714 04/02/04-80025-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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, without other like empowered.

SIGNATURE:  **DAVID D. DUCKWORTH** 3/30/04 904-641-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #