## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P97000021362 1. Entity Name BANOV ARCHITECTURE AND CONSTRUCTION, INC. Principal Place of Business Mailing Address 2855 OCEAN DR PO BOX 3628 C-6 VERO BEACH FL 32963 SUITE 301 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0734265 Not Applicable Zíp Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANOV, ROBERT 2855 OCEAN DR Street Address (P.O. Box Number is Not Acceptable) SUITE C-6 VERO BEACH FL 32963 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 TNCTE Registered Agent signature required when terristating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. סו Change TITLE ☐ Delete TITLE Addition | HUME, JOHN NAME STREET ADDRESS 1401 UNIVERSITY DR., SUITE 301 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CULY -ST-7IP Addition Change HILE □ Delete TITLE BANOV, ROBERT NAME NAME STREET ADDRESS 2855 OCEAN DR STE C-6 STREET ADDRESS VERO BEACH FL 32963 CHY-ST-ZIP CITY-ST-7iP THLE Delete Change ☐ Addition BANOV, AMY NAME NAME STREET ADDRESS 2855 OCEAN DR STE C-6 STREET ADDRESS CITY ST-71P VERO BIACH FL 32963 CITY - ST - ZIP Title ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITLE Delete TITLE Change Addition | NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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

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