

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90077 025 \*\*\*150.00

**DOCUMENT # P97000095506**

1. Entity Name

NO-1-U-NO, INC.



Principal Place of Business

200 SOLANA RD  
PONTE VEDRA BEACH FL 32082

Mailing Address

POST OFFICE BOX 757  
PONTE VEDRA FL 32004



2. Principal Place of Business

111 SOLANA ROAD

3. Mailing Address

Suite, Apt. #, etc.

1-B

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ponte Vedra Bch FL

City & State

4. FEI Number

59-3479995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BANYAS, WAINE M  
200 SONAR RD  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

111 SOLANA ROAD

Suite 1B

Ponte Vedra Bch

FL

Zip Code

32082

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

1-23-2006

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME BANYAS, W M  
STREET ADDRESS 615 A1A NORTH #102  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete

NAME GRESENS, RICHARD  
STREET ADDRESS 615 A1A NORTH #102  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete

NAME PEASLEE, READ  
STREET ADDRESS 615 A1A NORTH #102  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME SAME  
STREET ADDRESS 111 SOLANA ROAD Suite 1B  
CITY-ST-ZIP PONTE VEDRA Bch FLA 32082

TITLE ☒ Change ☐ Addition

NAME SAME  
STREET ADDRESS 111 SOLANA ROAD Suite 1B  
CITY-ST-ZIP PONTE VEDRA Bch FLA 32082

TITLE ☒ Change ☐ Addition

NAME SAME  
STREET ADDRESS 111 SOLANA ROAD Suite 1B  
CITY-ST-ZIP PONTE VEDRA Bch FLA 32082

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2006

Date

9042735774

Daytime Phone #