2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000063577 1. Entity Name BANANA FACTORY, INC. Principal Place of Business Mailing Address 6916 14TH ST W BRADENTON FL 34207 6916 14TH ST W BRADENTON FL 34207 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0850727 Not Applicable Zip Country \$8.75 Additional Country Żίρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEARNEY, W. DANIEL Street Address (P.O. Box Number is Not Acceptable) 1329 U.S. HWY 301 PALMETTO FL 34221 City 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE **DPTS** ☐ Delete TITLE ☐ Change Addition BUTERA, ROBERT D NAME NAME U00000285040 STREET ADDRESS 6916 14TH ST W STREET ADDRESS 04/02/05-90030-001 150.00 **BRADENTON FL 34207** CHY-SI-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAM! NAME STREET AODRESS CIRCEL ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete STREET ADDRESS STREET ADDRESS CifY-ST-7IP CITY - ST - ZIP 7171 F ☐ Change ☐ Addilion TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition THEF Celete NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP ☐ Change unce ☐ Delete TIT: F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7(P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kob

GNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

3/r/01 941-755-1811

FILED