2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000097896

1. Entity Name
BANE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
607 SOUTH ALEXANDER ST. PLANT CITY, FL 33563	607 SOUTH ALEXANDER ST. PLANT CITY, FL 33563

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3544113
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE ABOVE THIS LINE

6. Name and Address of Current Registered Agent

BANE, GREGORY ALAN
607 SOUTH ALEXANDER STREET
PLANT CITY, FL 33563

DO NOT WRITE ABOVE THIS LINE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BANE, BEN W
STREET ADDRESS	3213 POLO PLACE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	V
NAME	BANE, GREGORY ALAN
STREET ADDRESS	2625 CRESTFIELD DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	V
NAME	BANE, JIMMY DAVID
STREET ADDRESS	3102 JAP TUCKER ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE ABOVE THIS LINE

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: Greg Bane Greg Bane 5/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #