2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DO	\sim 1	18	1=	NIT	#	Pa	an	\cap	n	12	91	30	ì
T JU J	1.1	ШΝ	/11-	IV I	#	2	MU	LH.	ии.	1.5	м.	วเ	J

1. Entity Name

BANYAN TREE ENTERPRISES, INC.



Principal Place of Business

1403 37TH COURT, W. BRADENTON, FL 34205

Mailing Address

1403 37TH COURT, W. BRADENTON, FL 34205



DO NOT WRITE IN THIS SPACE 01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0886394 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNOX, ROBERT C JR. 1403 37TH COURT, W. BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

				. *	1	
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both,	in the State of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	l Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	9. Election Campaign Finan		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		# 1 to		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KNOX, ROBERT C JR 1403 37TH ST CTW BRADENTON, FL 34205			•	U <u>Q</u> OO <u>O</u> OG13654	
NAME STREET ADDRESS CITY-ST-ZIP	VP KNOX, ROBERT C III 1403 37TH ST CT W BRADENTON, FL 34205		Ē	•	02/05/07-80047-	-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUER, JOSEPH A 5326 20THST CT E BRADENTON, FL 34203			DO N	NOT WRITE	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	<u>.</u>
NAME STREET ADDRESS CHY-ST-ZIP					Control of the second of the s	
THILE NAME STREET ADDRESS CITY-S1-ZIP		jeon				. y
12. Thereby o	ertify that the information supplied with this fill	ng door not qualify for the aver		tained in Observe 440. E		

indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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: 👌

MATURE AND TYPED OF PRINTED NAME OF PROMING OFFICER OF PRINTED

Robert C KHOXUT

-2/-0/

Daytime Phone #