

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90018 022 ***150.00

DOCUMENT # P99000015142

1. Entity Name
THE BANKS GROUP, INC.



Principal Place of Business
**1211 S. MILITARY TRAIL
DEERFIELD BCH, FL 33442-7632**

Mailing Address
**1211 S. MILITARY TRAIL
DEERFIELD BCH, FL 33442-7632**

2. Principal Place of Business - No P.O. Box #
1211 S. Military Trail

3. Mailing Address
1211 S. Military Trail

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442-7632

Country
USA

Zip
33442-7632

Country
USA

01042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0894827

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BANKS, DAVID P
1211 S. MILITARY TRAIL
DEERFIELD BCH, FL 33442-7632**

7. Name and Address of New Registered Agent
Name
BANKS, David P.
Street Address (P.O. Box Number is Not Acceptable)
1211 S. Military Trail
Suite 200
City
Deerfield Beach FL Zip Code
33442

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 **David P. Banks** **DAVID P. BANKS** **2-14-08**

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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BANKS, DAVID P		NAME BANKS, David P	
STREET ADDRESS 1211 S. MILITARY TRAIL		STREET ADDRESS 1211 S. Military Trail, Suite 200	
CITY-ST-ZIP DEERFIELD BCH, FL 334427632		CITY-ST-ZIP Deerfield Beach, FL 33442-7632	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIN, DANIEL O		NAME Frazin, Daniel O.	
STREET ADDRESS 1211 SOUTH MILITARY TRAIL		STREET ADDRESS 1211 S. Military Trail, Suite 200	
CITY-ST-ZIP DEERFIELD BEACH, FL 33442		CITY-ST-ZIP Deerfield Beach, FL 33442-7632	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDRICKS, ROBERT J		NAME Hendricks, Robert J.	
STREET ADDRESS 1211 SOUTH MILITARY TRAIL		STREET ADDRESS 1211 S. Military Trail, Suite 200	
CITY-ST-ZIP DEERFIELD BEACH, FL 33442		CITY-ST-ZIP Deerfield Beach, FL 33442-7632	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **David P. Banks** **DAVID P. BANKS** **2-14-08** **954 480 2611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #