


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000065555</b> 1. Entity Name BANYAN JOINT VENTURES, INC.	
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Principal Place of Business COLONIAL BANK CENTRE 41 WEST INTERSTATE'S SERVICE ROAD NORTH MOBILE, AL 36608-1201	Mailing Address P O BOX 160306 MOBILE, AL 36616-1306
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04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3588398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LANGLEY, RICHARD H 700 ALMOND ST CLERMONT, FL 34711
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**DO NOT WRITE  
IN THIS SPACE**

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  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SAINT, JOHN 301 N HWY 27, SUITE G CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WESCH, PAUL 301 N HWY 27, SUITE G CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAMMON, FRANK 301 N US HWY 27 STE G CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000352672  
05/03/05-80037-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *John B. Saint* 4-21-05 (251) 380-2929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #