2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-23-2007 90019 002 ***150.00
S18897

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07 MAR 27 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S18897

1. Entity Name
MARVIN R. BANKS SURVEYORS, INC.

1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address
~~2866 MANGROVE AVENUE~~ ~~JACKSONVILLE FL 32246~~	~~2866 MANGROVE AVE.~~ ~~JACKSONVILLE~~ FL 32246 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
206 Arlington Rd N.	206 Arlington Rd N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32211 Country Duval	Zip 32211 Country Duval

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANKS, MARVIN R. 2866 MANGROVE AVENUE JACKSONVILLE FL 32246	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, MARVIN R. 2866 MANGROVE AVE. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/13/27	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marvin R. Banks 3/13/07 904-721-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #