2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S37786

1. Entity Name

BANKSTON DEVELOPMENT GROUP, INC.



Mailing Address

Principal Place of Business 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804 US

P.O BOX 536785

ORLANDO, FL 32853-6785 US

FILED Apr 08, 2004 08:00 AM Secretary of State



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3053052

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKSTON, JAMES W 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804

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				11.4	THIS SPACE
8. The above the obliga	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered	office or n	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tale if	applicable (NOTE, Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Financh Trust Fund Contribution. 	ng 🗆	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKSTON, JAMES W. 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804	TORS		 	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP BANKSTON, CHESTER W.				U00000106482 04/08/04-80018-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKSTON, ALWILDA S. 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804			DO	NOT WRITE
THEE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					·

12. Thereby 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-SY-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Bankston

4/1/04

407-650-8802

Daytime Phone #