2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S37786

BANKSTON DEVELOPMENT GROUP, INC.



Principal Place of Business

665 HAROLD AVE.

SUITE A

WINTER PARK, FL 32789

Mailing Address

P.O BOX 536785

ORLANDO, FL 32853-6785 US



4000000



FILED

May 01, 2007 8:00 am Secretary of State

05-01-2007 90031 044 ***150.00

01192007

No Chg-P

CR2E034 (11/05)

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 665 HAROLD AVENUE SUITE A WINTER PARK, FL 32789 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose 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 title	if applicable. (NOTE: Registered	Agent signature	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKSTON, JAMES W. 665 HAROLD AVENUE, SUITE A WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKSTON, CHESTER W. 665 HAROLD AVENUE, SUITE A WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKSTON, ALWILDA S. *665 HAROLD AVENUE, SUITE A WINTER PARK, FL 32789	-		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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:

CITY-ST-ZIP

OFFICER OR DIRECTOR