


**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90043 005 \*\*\*150.00


**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P25027</b> 1. Entity Name BANKSTON MOTOR HOMES, INC.	
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Principal Place of Business 2191 JORDAN LANE HUNTSVILLE, AL 35816	Mailing Address 2191 JORDAN LANE HUNTSVILLE, AL 35816
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**DO NOT WRITE IN THIS SPACE**

66004424



01052005 No Chg-P CR2E034 (10/03)

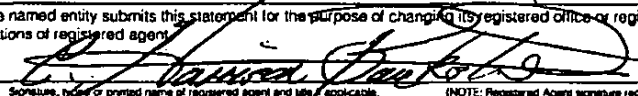
4. FEI Number 63-0640657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKSTON, C. HARRISON  
 10205 E. HILLSBOROUGH  
 TAMPA, FL 33610

**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:  1-6-05  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

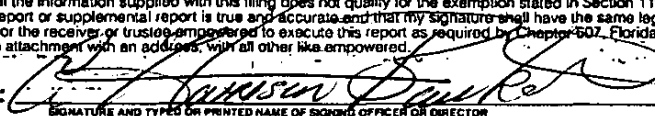
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANKSTON, C. HARRISON 109 LAKE POINTE CIRCLE HUNTSVILLE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BANKSTON, CAROL M. 109 LAKE POINTE CIRCLE HUNTSVILLE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  3-8-05 256-533-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #