


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91006 011 ***150.00

DOCUMENT # J58810	
1. Entity Name BONUS TRANSPORTATION, INC.	

Principal Place of Business 135 S HERMIT SMITH RD P. O. BOX 1613 PLYMOUTH, FL 32768 US	Mailing Address P O BOX 169 SORRENTO, FL 32776 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2833094	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BOUGHAN, DONALD LEE 135 HERMIT SMITH ROAD PLYMOUTH, FL 32768

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 BOUGHAN, DONALD L 404 E WELCH RD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOUGHAN, WILLIAM C 1949 DEERVIEW PLACE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Boughan WILLIAMSON, MARILYN S. 30225 RAINEY ROAD SORRENTO, FL 32776
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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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: *Marilyn S. Boughan Sec* 4/22/04 352-735-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #