2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P02000008415 1. Entity Name BONAPARTE ANTIQUES, INC. Principal Place of Business Mailing Address 81 SAN MARCO AVE. ST. AUGUSTINE FL 32084 23 WATER STREET ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 80-0034045 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACDONALD, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 23 WATER ST SAINT AUGUSTINE FL 32086 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change T Delete ☐ Addition MACDONALD, IAN G NAME NAME STREET ADDRESS 23 WATER STREET STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32084 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MACDONALD, CAROLYN NAME NAME 23 WATER STREET STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP TOTLE Delete TITE: Change Addition NAME STREET ADDRESS STREET ADDRESS U00000307784 04/15/05-80068-013 150.00 CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 cath; 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 piner like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date