2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128326

1. Entity Name



FILED May 18, 2004 8:00 am Secretary of State

04-26-2004 90483 003 ***150.00

BONITASE												
Principal Place of Business 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103			65	422552					
2. Principal Place of Business			3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072004	Chg-P	CR2E03	34 (10/03)		
City & State			City & State				4. FEI Numbe	์ 56 ~ 241742	29		oplied For of Applicable	
Zîp	Cou	ntry	Zip	Country			5. Certificate	of Status Desired		8.75 Add		
	6. Name and A	ddress of Current I	Registered Agent				7. Name and	Address of New R	egistered A	gent		
CATALANO, ANTHONY J					Name			·			س ∹ي− بست	
	MI TRAIL NO			Street A	ddress (P.O. Box Numbe	r is Not Acceptable	9)				
					City	· <u>-</u>			FL	Zip Cod		
9. The above o	amad antine subm	its this statement for	the purpose of changing it	e register	<u> </u>	register	rod agent or bet	n in the State of Ele		<u></u>	· · · · · · · · · · · · · · · · · · ·	
	ns of registered a		the barbose of changing it	a register	ed onice o	register	led agent, or por	n. III III SIZIO OI FIC	Alga, Famili	stilliar with,	ано ассери	
SIGNATURE_												
	ignature, typed or printed	name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signati	nue sechiseq	when reinstating)		DATE			
FILE After May	NOWIII FEE y 1, 2004 Fee	IS \$150.00 will be \$550.0	9. Election Campa Trust Fund Con				.00 May Be led to Fees					
10. OFFICERS AI			ND DIRECTORS 1				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE			☐ Delete	TITL	£	Р				Change	Addition	
NAME				NAM	EET ADDRESS	ı	GERT, SCOT					
STREET ADORESS CITY-ST-ZIP					-ST-ZIP	1	GULF SHOR LES. FL 3410	. = .				
TITLE			☐ Delete	TITL	E	VS	<u> </u>	<u> </u>		Change	Addition	
NAME							ER, RICHARD) J.				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			GULF SHOR	· - ····					
STITLE			Delete	TITL		VTAS	LES, FL 3410 S	3		☐ Change	Addition	
NAME	<u> </u>			NAM			MAN, HOWAI	RD B,				
STREET ADDRESS							GULF SHOR	E BLVD. N.				
CITY-ST-ZIP		- <u>-</u>		-	-ST-ZIP	NAPI	LES, FL 3410	3		CT Channe	Addition	
TITLE NAME			☐ Detete	TITU						Change	ET VOCULOR	
STREET ADDRESS				STRE	EET AODRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITU						Change	Addition	
NAME STREET ADDRESS				NAM STRE	eet address							
CITY-ST-ZIP		•		- I	-ST-ZIP	}						
DTLE			☐ Delete	ritu						Change	Addition	
NAME		t		NAM								
STREET ADDRESS CITY-ST-ZIP		1 1			EET ADORESS 1-ST-ZIP					r		
12. I hereby ce indicated of the corporate	rtify that the inform n this report or sup oration or the rece	nation supplied with oplemental raport is iver or flustes empo	this filing does not qualify for true and accurate and that we are to execute this report with all other like amprovement	or the exe my signa rt as requi	emption stat ture shall hi ired by Cha	ted in Se ave the s apter 607	ction 119.07(3)(i same legal effec 7, Florida Statute), Florida Statutes. t as if made under o s; and that my nam	I further certi path; that I a e appears in	fy that the ir m an officer Block 10 o	nformation or director r Block 11 if	
of the corporation or the receiver or flustee empowered to execute this report changed, or on an attachment with as address, with all other like empowered SIGNATURE:					TT F. LUTGERT					239-261-6100		
	/ I I I I I I I I I I I I I I I I I I I											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR