

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 256511

FILED  
May 16, 2008  
Secretary of State

Entity Name: BONNETTE SHOOTING PRESERVE INC

**Current Principal Place of Business:**

5309 HOOD ROAD  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5309 HOOD ROAD  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 59-0965706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONNETTE, W A JR  
5309 HOOD RD  
WEST PALM BEACH, FL 33418 US

**Name and Address of New Registered Agent:**

DUMMETT, ALIX E  
5309 HOOD RD  
WEST PALM BEACH, FL 33418 US

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.

SIGNATURE: ALIX E. DUMMETT

05/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BONNETTE, JANE B  
Address: 5309 HOOD ROAD  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VSD ( ) Delete  
Name: DUMMETT, ALIX B  
Address: 6105 DIMOND STREET  
City-St-Zip: PALM BEACH GARDENS, FL

Title: CD (X) Delete  
Name: BONNETTE, WM A  
Address: 5309 HOOD RD  
City-St-Zip: WEST PALM BEACH, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: DUMMETT, ALIX E  
Address: 5309 HOOD ROAD  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VP (X) Change ( ) Addition  
Name: EDWARDS, JAMIE D  
Address: 5309 HOOD ROAD  
City-St-Zip: WEST PALM BEACH, FL 33418

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX E. DUMMETT

DPST

05/16/2008

Electronic Signature of Signing Officer or Director

Date