

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 314880

Entity Name: BONNELL, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

12988 - 49TH STREET NORTH  
PO BOX 990  
PINELLAS PARK, FL 346647990

## New Principal Place of Business:

12988 - 49TH STREET NORTH  
CLEARWATER, FL 346647990

## Current Mailing Address:

12988 - 49TH STREET NORTH  
PO BOX 990  
PINELLAS PARK, FL 33780 US

## New Mailing Address:

FEI Number: 59-1162679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONNELL, VERNON H  
644-55TH AVENUE N.E.  
PO BOX 990  
ST. PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

BONNELL, VERNON H  
644-55TH AVENUE N.E.  
ST. PETERSBURG, FL 33703 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: VERNON H. BONNELL

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: BONNELL, KARL W  
Address: 6900-18TH STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: PD ( ) Delete  
Name: BONNELL, LARRY J  
Address: 2015-HAWAII  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD ( ) Delete  
Name: MILLER, CAROL A  
Address: 1827-MONTANA AVE N E  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SDT ( ) Delete  
Name: BONNELL, VERNON H  
Address: 644-55TH AVE N E  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD ( ) Delete  
Name: HILTON, STEVEN D  
Address: 19321 CRESCENT RD  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: BONNELL, LARRY J  
Address: 2015-HAWAII AVENUE N.E.  
City-St-Zip: SAINT PETERSBURG, FL 33703

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

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

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: VERNON H. BONNELL

SDT

01/16/2009

Electronic Signature of Signing Officer or Director

Date