


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 315799**

1. Entity Name  
**BONNIE LASS INC**



Principal Place of Business      Mailing Address

1100 SHRIMPBOAT LANE      110 SHRIMP BOAT LN  
 FORT MYERS BEACH, FL 33931      FORT MYERS BEACH, FL 33931

**DO NOT WRITE IN THIS SPACE**



03082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1196496**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ERICKSON, CARL C**  
**1620 MARLYN ROAD**  
**FORT MYERS, FL 33901**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee is applicable      NOTE: Registered Agent signature required when reinstating      ORTC

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

16. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, CARL C 1620 MARLYN RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, C. ERICKSON 1216 ALHAMBRA DRIVE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/06-80059-019 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_      **3-9-06**      **2394636353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #