

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 007 ***150.00



DOCUMENT # 315799
1. Entity Name
BONNIE LASS INC

Principal Place of Business
**1100 SHRIMPBOAT LANE
FORT MYERS BEACH FL 33931**

Mailing Address
**110 SHRIMP BOAT LN
FORT MYERS BEACH FL 33931**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

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

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent
Name **GRANT C. ERICKSON**
Street Address (P.O. Box Number is Not Acceptable)
1100 SHRIMPBOAT LANE
City **FORT MYERS BEACH** FL Zip Code **33931**

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 DATE **3/1/07**
Signature, typed or printed name of Registered agent and title, applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD ERICKSON, CARL C 1620 MARLYN RD FT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	D GRANT, C. ERICKSON 1216 ALHAMBRA DRIVE FORT MYERS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE **3-1-07-2394636353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #