


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90025 001 ***300.00

DOCUMENT # 548296 1. Entity Name BONITA SPRINGS REALTY, INC.					
Principal Place of Business 12734 KENWOOD LN. SUITE 52 FORT MYERS, FL 33907 US			Mailing Address PO BOX 1419 BONITA SPRGS, FL 34133 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2511 S. E. 19th Place Suite, Apt. #, etc.			
City & State Zip Country		City & State Cape Coral, FL Zip Country 33904 USA		4. FEI Number 59-1773217 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent STILLWELL, M. VICTORIA PRES 2511 S. E. 19TH PLACE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2511 S. E. 19th Place City Same, FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILLWELL, M. VICTORIA PRES. 27270 ARROYAL RD. S.E. BONITA SPRGS, FL, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 2511 S. E. 19th Place Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			M. Victoria Stillwell 2/20/06 (239)671-4120		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		