

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19249

Entity Name: BONNESS, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1990 SEWARD AVE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

1990 SEWARD AVE
P O BOX 9140
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2055219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAILIE, KATHLEEN M.
1990 SEWARD AVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KOCSES, EILEEN M,
Address: 5080 8TH AVE. S.W.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: BONNESS, JOS D III,
Address: 6830 SANDALWOOD LN
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BONNESS, PATRICE,
Address: 1555 IXORA DRIVE
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: KELLY, MARGARET M,
Address: 6831 SANDALWOOD LN
City-St-Zip: NAPLES, FL

Title: PDC () Delete
Name: BAILIE, KATHLEEN M,
Address: 102 SHARWOOD DRIVE
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: BONNESS, SHARON,
Address: 1555 IXORA DRIVE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN M. BAILIE

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date