

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19249

Entity Name: BONNESS, INC.

FILED  
Apr 30, 2005  
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 ( )

## 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  
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 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

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date