

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19249

Entity Name: BONNESS, INC.

FILED
Apr 16, 2007
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 34119

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

Title: V () Delete
Name: WAGONER, STEVE D
Address: 6236 12TH AVENUE S.W.
City-St-Zip: NAPLES, FL 34116

Title: TD () Delete
Name: KELLY, MARGARET M
Address: 6831 SANDALWOOD LN
City-St-Zip: NAPLES, FL 34109 US

Title: PDC () Delete
Name: BAILIE, KATHLEEN M
Address: 267 CHANNING CT.
City-St-Zip: NAPLES, FL 34110 US

Title: V () Delete
Name: HURD, DAVID
Address: 2520 SW 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914

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
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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 Chapter 119, 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

PDC

04/16/2007

Electronic Signature of Signing Officer or Director

Date