

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F19249

FILED
Mar 30, 2009
Secretary of State**Entity Name:** BONNESS, INC.**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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BARATTA, JANE E
Address: 4951 BONITA BAY BLVD UNIT 504
City-St-Zip: BONITA SPRINGS, FL 34134

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: D () Delete
Name: KELLY, DANIEL J
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 (X) Delete
Name: BLASUCCI, VICTOR T
Address: 4400 WILDER RD
City-St-Zip: NAPLES, FL 34105

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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Title: () Change () Addition
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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 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: JANE E. BARATTA

ST

03/30/2009

Electronic Signature of Signing Officer or Director

Date