

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55042

FILED  
Jul 06, 2004  
Secretary of State

**Entity Name:** BONITA LIMESTONE TRANSPORTATION, INC.

**Current Principal Place of Business:**

10940 ENTERPRISE AVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10940 ENTERPRISE AVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-2158340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, HENRY PAUL  
6640 WILLOW PARK DR.  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: BENOIT, DENISE  
Address: 25756 LAKE AMELIA WAY  
City-St-Zip: BONITA SPRINGS, FL

Title: 2VP ( ) Delete  
Name: HALEY, JOSEPH  
Address: 4740 PEMBROKE LN.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: BENOIT, JOHN L  
Address: 4602 DEL RIO LN  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST ( ) Delete  
Name: CARVALHO, DONNA  
Address: 18135 BARUCH DR.  
City-St-Zip: FT. MYERS, FL 33918

**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:

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: DENISE BENOIT

PCD

07/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date