## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F89974**

1. Entity Name

**BOND RESEARCH & MANAGEMENT COMPANY** 



FILED Feb 14, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

% ELIZABETH A. ANDERSON 1109 MARINE WAY E., L4R N. PALM BEACH, FL 33408 % ELIZABETH A. ANDERSON 1109 MARINE WAY E., L4R N. PALM BEACH, FL 33408



02092007 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

4. FEI Number 59-2205227

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ELIZABETH A 1109 MARINE WAY E., L4R N. PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE			Agent agneture required when renstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees	A STATE OF THE	* * * * * * * * * * * * * * * * * * *
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDERSON, RICHARD A 1109 MARINE WAY E., L4R N. PALM BEACH, FL				
DTLE NAME STREET ADDRESS CITY-ST-ZIP				U0000063486 02/22/07-80023	ig 9-020 150.00
TITLE RAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
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12. hereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 110. Daylor Clauses 15 when certify that the information supplied with the filling does not qualify for the exemptions on the contained in Chapter 110. Daylor Clauses 110 the contained in Chapter 110 the ch					

12. I Pereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENEFIT AND TYPED DR HONTED NAME OF SIGNAND OFFICER ON DESCRIPTION DESCRIPTION OF PROPERTY OF SIGNATURE AND TYPED DR HONTED NAME OF SIGNAND OFFICER ON DESCRIPTION DESCRIPTION OF THE PROPERTY OF SIGNAND OFFICER ON DESCRIPTION OF THE PROPERTY OF SIGNAND OFFICER ON DESCRIPTION OF THE PROPERTY OF THE PROPERTY