


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90044 044 ***150.00

DOCUMENT # F93000000867			
1. Entity Name BONNIE LEIGH, INC.			
Principal Place of Business 582 LYNNHAVEN PARKWAY SUITE #102 VIRGINIA BEACH, VA 23452 US		Mailing Address 409 WILLIAM ST KEY WEST, FL 33040 US	
2. Principal Place of Business 1101 TEALWOOD DR Suite, Apt. #, etc.		3. Mailing Address 1300 FLAGLER AVE Suite, Apt. #, etc.	
City & State VIRGINIA BEACH VA		City & State KEY WEST FL	
Zip 23453	Country	Zip 33040	Country
4. FEI Number 54-1608824		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARBURG, JOHN 1300 FLAGLER AVENUE KEY WEST, FL 33040		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SCD <input type="checkbox"/> Delete	NAME MARBURG, JOHN	TITLE VP/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1300 FLAGLER AVENUE	CITY-ST-ZIP KEY WEST, FL 33040	STREET ADDRESS	CITY-ST-ZIP
TITLE VCD <input type="checkbox"/> Delete	NAME GOLDIN, ARNOLD	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 582 LYNNHAVEN PARKWAY #102	CITY-ST-ZIP VIRGINIA BEACH, VA 23452	STREET ADDRESS 1101 TEALWOOD DR	CITY-ST-ZIP VIRGINIA BEACH VA 23453
TITLE P <input type="checkbox"/> Delete	NAME MARBURG, BONNIE	TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1300 FLAGLER AVENUE	CITY-ST-ZIP KEY WEST, FL 33040	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete		TITLE VP/SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME ROBERT MUNDHENK	
STREET ADDRESS		STREET ADDRESS 1400 20th STREET	
CITY-ST-ZIP		CITY-ST-ZIP Key West, FL 33040	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Bonnie Marburg</u> PRESIDENT		Date _____ Day/Time Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day/Time Phone #</small>	