


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90340 018 ***150.00

DOCUMENT # J16569 1. Entity Name BONIFAY HOLDING COMPANY, INC.					
Principal Place of Business 300 N. WAUKESHA ST BONIFAY, FL 32425-2244			Mailing Address PO BOX 65 BONIFAY, FL 32425-2244		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03312005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2698517				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 MEDLEY, MICHAEL A 224 N WAUKESHA ST. BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name MEDLEY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 300 N. WAUKESHA ST City BONIFAY FL Zip Code 32425		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO MEDLEY, GUY F 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO MEDLEY, GUY F 300 N. WAUKESHA, ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEDLEY, MICHAEL A 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEDLEY, MICHAEL A 300 N. WAUKESHA ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, MIKE 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, MIKE 300 N. WAUKESHA ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, BRIAN 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, BRIAN 300 N. WAUKESHA ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JIM 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JIM 300 N. WAUKESHA ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, DENNIS 224 N. WAUKESHA ST BONIFAY, FL 324252244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, DENNIS 300 N. WAUKESHA ST BONIFAY, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/14/05 Daytime Phone # 850547-3629		

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