



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90056 027 ***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. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">40014798</div> 	
02032006 Chg-P CR2E034 (11/05)				4. FEI Number 59-2698517	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JAMES, BRIAN K 155 CRYSTAL BEACH DR., SUITE 108 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Brian K. James Street Address (P.O. Box Number is Not Acceptable) 300 N. Waukesha Street 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Brian K. James <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> (850) 547-3624 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CECO MEDLEY, GUY F 300 N WAUKESHA ST BONIFAY, FL 32425	<input checked="" 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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, MIKE 300 N WAUKESHA ST BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, BRIAN 300 N WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JIM 300 N WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, DENNIS 300 N WAUKESHA ST BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED FOR ALL ADDITIONS / CHANGES				
12. I hereby 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Brian K. James		02/09/06 (850) 547-3624 <small>Date Daytime Phone #</small>	

ATTACHMENT

40014798

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BONIFAY HOLDING COMPANY, INC.

11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE	C / CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Brian K. James		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bobby George		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	D / Asst Sec	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Steve Thames		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cathy Baugher		
STREET ADDRESS	300 N. Waukesha Street		
CITY-ST-ZIP	Bonifay, FL 32425		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			