


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

FILED

07 APR 16 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # J16569</b>					
1. Entity Name <b>BONIFAY HOLDING COMPANY, INC.</b>					
Principal Place of Business <b>300 N. WAUKESHA ST BONIFAY, FL 32425-2244</b>			Mailing Address <b>PO BOX 65 BONIFAY, FL 32425-2244</b>		
2. Principal Place of Business - No P.O. Box # -			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2698517</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JAMES, BRIAN K</b> <del>356 GRYSTAL BEACH DR SUITE 108</del> <del>BONIFAY, FL 32425</del>			Name <b>JAMES BRIAN K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 N. WAUKESHA ST.</b> City <b>BONIFAY</b> <b>FL</b> Zip Code <b>32425</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JAMES, BRIAN</b>	NAME	<b>JAMES, BRIAN</b>		
STREET ADDRESS	<b>300 N WAUKESHA ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>D</b>	NAME			
STREET ADDRESS	<b>300 N WAUKESHA ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>D</b>	NAME			
STREET ADDRESS	<b>300 N WAUKESHA ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>	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			
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 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: _____			4-11-07 (850) 647-3624 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					