

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41813

FILED  
Mar 11, 2005  
Secretary of State

Entity Name: BONNIE TRUCKING, INC.

## Current Principal Place of Business:

C/O JOE BONNIE  
90 SW 8TH AVE  
BOCA RATON, FL 33486 US

## New Principal Place of Business:

## Current Mailing Address:

C/O JOE BONNIE  
90 SW 8TH AVE  
BOCA RATON, FL 33486 US

## New Mailing Address:

FEI Number: 59-2739073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEIGERWALD, CATHERINE A  
1381 SW 2 STREET  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BONNIE, JOSEPH R.,  
Address: 90 SW EIGHTH AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete  
Name: BONNIE, THERESA A  
Address: 150 SW 8TH TERR  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: BONNIE, NAOMI A.,  
Address: 90 SW 8TH AVENUE  
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete  
Name: BONNIE II JOSEPH R,  
Address: 783 SW 3RD ST  
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete  
Name: STEIGERWALD, JASON  
Address: 1381 SW 2 STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete  
Name: SMOUT, LEE  
Address: 101 SW 8 TERRACE  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. BONNIE

PD

03/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date