2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # J73452 4 1. Entity Name BONNY'S BLOOMING GARDENS, INC. Principal Place of Business Mailing Address 1673 ATLANTA PLAZA PO BOX 1094 SANIBEL FL 33957 PO BOX 1094 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2800016 Not Applicat! \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURTY, TIMOTHY J. Street Address (P.O. Box Number is Not Acceptable) 1633 PÉRIWINKLE WAY STE G SANIBEL FL 33957 Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 000000301535 04/13/05-80041-004 150, 00 □ A. OFFICERS AND DIRECTORS 10, 11. TITLE THEF Delete BRADLEY, BONNY L NAME STREET ADDRESS 1673 ATLANTA PLAZA STREET ADDRESS. CITY-ST-ZIP SANIBEL FL CITY-S1-7IP Change ☐:····· ☐ Delete TITLE MURTY, TIMOTHY J. NAME NAME STREET ADDRESS 1633 PERIWINKLE WAY STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP SANIBEL FL ☐ Change Acc. TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP ☐ Delete HILE ☐ Change □ A -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Change ∏ Adı THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP □ Ari ☐ Chance ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP 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 directly 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 1 changed, or on an attachment with an address, with all other like empowered

FILED

BONNY L. BRADLEY 4-10-05 472 33 1
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