

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90465 045 ***150.00

DOCUMENT # J88806

1. Entity Name
BONITA LAND, INC.



Principal Place of Business
1065 E. STORY RD.
WINTER GARDEN, FL 34787

Mailing Address
3100 JOHN YOUNG PKWY
ORLANDO, FL 32804

14017400



DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2873384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGEE, JAMES M.
SUITE 102
90 E. LIVINGSTON STREET
ORLANDO, FL 32801

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROFOOT, KROY
STREET ADDRESS 9903 GIFFEN CT.
CITY-STATE-ZIP WINDERMERE, FL

TITLE VD
NAME DANIEL, MARK
STREET ADDRESS 6509 STONINGTON DR. SO
CITY-STATE-ZIP TAMPA, FL

TITLE SVD
NAME CROFOOT, FRANCIS J.
STREET ADDRESS 8823 BAY HILL BLVD
CITY-STATE-ZIP ORLANDO, FL

TITLE SVD
NAME MAGNUSON, JAMES A.
STREET ADDRESS 9844 LAUREL DRIVE
CITY-STATE-ZIP WINDERMERE, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓
Date

Daytime Phone #