


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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
---	--

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2873384	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CROFOOT, KROY 9903 GIFFEN CT. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DANIEL, MARK 6509 STONINGTON DR. SO TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD CROFOOT, FRANCIS J. 8823 BAY HILL BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MAGNUSON, JAMES A. 9844 LAUREL DRIVE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000355366
05/03/05-80145-008 150.00

**DO NOT WRITE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 5/29/05 <small>Daytime Phone #</small>
---	--