FILED
Mar 02, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L92042

1. Entity Name
BONMAR FARM, INC.

Principal Place of Business	Mailing Address
7315 HUDSON AVE HUDSON, FL 34667	7315 HUDSON AVE HUDSON, FL 34667

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3055849
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J ESQ.
2701 N ROCKY POINT DRIVE
SUITE 930
TAMPA, FL 33607

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000653391
03/13/07-80020-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BONATI, PATRICIA S
STREET ADDRESS	1650 BEACH DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Patricia S Bonati Patricia S Bonati 2-20-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #