

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002479

1. Entity Name
BERNADONE CORPORATION



Principal Place of Business
**550 SW 12 AVE
DEERFIELD BCH, FL 33442**

Mailing Address
**550 SW 12 AVE
DEERFIELD BCH, FL 33442**



04152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2164083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, DAVID T ESQUIRE
550 SW 12 AVE
DEERFIELD BCH, FL 33442**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000124650
04/22/04-80053-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COLLINS, NEIL J
2292 WILTON DR
WILTON MANORS, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PRICE, DAVID T
550 SW 12 AVE
DEERFIELD BCH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOUNTAIN, KENNETH
2292 WILTON DR
WILTON MANORS, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 617, 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
David T. Price

Date

Daytime Phone #

4-15-04