

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002030

FILED
Apr 30, 2008
Secretary of State

Entity Name: BONK, INC.

Current Principal Place of Business:

407 W FRANCES AVE
TAMPA, FL 336021928

New Principal Place of Business:

Current Mailing Address:

407 W FRANCES AVE
TAMPA, FL 336021928

New Mailing Address:

FEI Number: 59-3270062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, DAVID W
407 W FRANCES AVE
TAMPA, FL 336021928 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONSTABLE, ROBERT
Address: 2926 SANCHEZ ST
City-St-Zip: TAMPA, FL 33605

Title: VDT () Delete
Name: MERENDA, COREY
Address: 3819 W SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: BENNETT, SIMONE
Address: 470 THIRD ST STE 318
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: D () Delete
Name: CLEAR, MARTIN T
Address: 1723 E MULBERRY ST
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: ROGERS, DAVID W
Address: 407 W FRANCES AVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W ROGERS

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date