

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026432

FILED
Apr 30, 2004
Secretary of State

Entity Name: BOND ENTERPRISES, N.E. FLORIDA, INC.

Current Principal Place of Business:

450 ST ROAD 13 NORTH
#113
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

450 ST ROAD 13 NORTH
#113
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3632117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, ROBERT V
901 LAWHON DRIVE
JACKSONVILLE, FL 32259 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOND, ROBERT V
Address: 901 LAWHON DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: BOND, BOBBY V
Address: 2696 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: BOND, ANNE-MARIE
Address: 2696 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: BOND, SHANNON M
Address: 901 LAWHON DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BOND

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date