

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90097 045 ***150.00

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1. Entity Name

BONNER COATING SYSTEMS, INC.



Principal Place of Business

213 IVORY DRIVE
MELBOURNE BEACH FL 32951

Mailing Address

213 IVORY DRIVE
MELBOURNE BEACH FL 32951

2. Principal Place of Business

404 Iris Lane

Suite, Apt. #, etc.

3. Mailing Address

404 Iris Lane

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32901

Country

USA

Zip

32901

Country

USA

4. FEI Number

59-3662787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8-75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNER, RYAN
213 IVORY LANE
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity admits 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

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME BONNER, RYAN
STREET ADDRESS 213 IVORY LANE
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 321)693-3477

Date

Daytime Phone #