

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 004 ***150.00

DOCUMENT # P00000105830

1. Entity Name
SMO OF BONITA, INC.



Principal Place of Business
27835 TAMiami TRAIL S
BONITA SPRINGS, FL 34135

Mailing Address
93 7TH STREET
BONITA SPRINGS, FL 34134

50060997

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3681287

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNN, SUNNIE
93 7TH STREET
BONITA SPRINGS, FL 34134

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BUNN, SUNNIE
STREET ADDRESS 93 7TH STREET
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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

Date

Daytime Phone #

8/18/05

ATTACHMENT
50060997

July 28, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

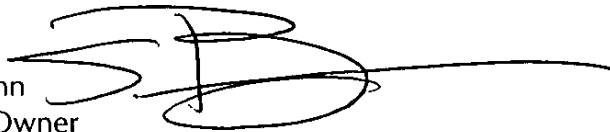
RE: SMO of Bonita
93 7th Street
Bonita Springs FL 34134
239-564-5666
EIN: 59-3681287
Document #: P00000105830

To Whom It May Concern:

This letter is to inform you that I did not receive prior notice of the filing requirements of the 2005 Annual Report. My business is located in the center of major construction on U.S. 41 and it is possible that this may be affecting my mail delivery service. Please wave the \$400 late filing penalty as I have enclosed the \$150 filing fee. Thank you for your assistance, and feel free to contact me with any questions.

Sincerely,

Sunnie Bunn
President/Owner

A handwritten signature in black ink, consisting of stylized, overlapping letters that appear to be 'SB' followed by a long horizontal stroke.