## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 05, 2008 08:00 Al Secretary of State DOCUMENT # P00000105830 1. Entity Name SMO OF BONITA, INC. Principal Place of Business Mailing Address 27835 TAMIAMI TRAIL S 93 7TH STREET **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Surie. Арт. #. вто 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3681287 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUNN, SUNNIE Street Address (P.O. Box Number is Not Acceptable) 93 7TH STREET **BONITA SPRINGS FL 34134** City 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, typod or praned leanned regulared agent and the 1 applicable. (NOTE: Registered Agoritis gonturn required when reinstaurig) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Change ☐ Addition NAME BUNN, SUNNIE NAME STREET ADDRESS 93 7TH STREET STREET ADORESS U00000848302 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Change TITLE ☐ Derete ППЕ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Derete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De ete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZP CHTY - ST - ZIP TITLE De ele TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS GHY-ST-7/2 CITY ST ZIP TITLE Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIR CITY - ST- 7IP

12. Thereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE:

2/28/08

239-564-5666