2008 FOR PROFIT CORPORATION

Feb 15, 2008 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P00000114575 1. Entity Name 02-15-2008 90012 049 ***150.00 BONITA BRITISH OPEN, INC. Principal Place of Business Mailing Address 24630 S TAMIAMI TRAIL UNIT 1 24630 S TAMIAMI TRAIL UNIT 1 **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 59-3692962 Not Applicable Zio Country Zip 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 NABBS, BERNARD 24630 S TAMIAMI TRAIL UNIT 1 Street Address (P.O. Box Number is Not Acceptable) **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, typed or regred name of registered agent and trie it amplicable, (NOTE: Registered Agent signature required when reinstating) 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 Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRES10847 ☐ Derete Addition NABBS, BERNARD NAME BERNARD NABBI STREET ADDRESS 9179 BRENDAN PRESERVE COURT STREET ADORESS Z7221 DRIFTWOOD CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP BONITA SPRINGS VICE PRESIDENT TITLE Delete NABBS, PATRICIA ANN NABBS, PATRICIA ANN 27221 PRIFTHOOD D NAME NAME STREET ADDRESS 9179 BRENDAN PRESERVE COURT STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP BOWITH SPRING TITLE Delete Addition MAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-3IP CITY- \$1-74P

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 suppliemental 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.

STREET ADDRESS

CHIY-SI-ZIP

SIGNATURE:

NAME STREET ADDRESS

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