

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P01000006322

1. Entity Name
A BONUS REALTY, INC.



Principal Place of Business
**6850 LONE STAR RD
JACKSONVILLE, FL 32211**

Mailing Address
**6850 LONE STAR RD
JACKSONVILLE, FL 32211**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3699735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRABTREE, R R
8777 SAN JOSE BLVD
BUILDING A SUITE 200
JACKSONVILLE, FL 32217**

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IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONEY, WALTER T JR
STREET ADDRESS	6850 LONE STAR RD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VP
NAME	JOHNSON, TIM
STREET ADDRESS	6850 LONE STAR ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VP
NAME	BAILEY, KEITH
STREET ADDRESS	701 A1A BEACH BLVD, SUITE B
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000713593
04/26/07-80096-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Walter T. Boney, Jr. 4-16-07 904-387-0011