

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000071761

1. Entity Name
BON SOIRE INC.



Principal Place of Business
17230 S TAMiami TR #5
FORT MYERS, FL 33908

Mailing Address
17230 S TAMiami TR #5
FORT MYERS, FL 33908



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1127836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKMAN, PAMELA B
17230 S TAMiami TR #5
FORT MYERS, FL 33908

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | BECKMAN, PAMELA J |
| STREET ADDRESS | 17191 KEY VIZCAYA CT |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | VD |
| NAME | MUELLER, SAMANTHA JO |
| STREET ADDRESS | 17191 KEY VIZCAYA CT |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | STD |
| NAME | MUELLER, SABRINA F |
| STREET ADDRESS | 17191 KEY VIZCAYA CT |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/27/08-80086-017 158.75

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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 like empowered.

SIGNATURE