


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P01000122487 1. Entity Name BONJOHN'S INC. |  |
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| Principal Place of Business 4795 STATE RD 46 MIMS, FL 32754 | Mailing Address 2481 ROWLAND CT MIMS, FL 32754 |
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

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|--|---------------------------------------|
| 4. FEI Number 01-0566725 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RALPH, DEBRA 2481 ROWLAND CT MIMS, FL 32754 |
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**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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

000000348158
05/02/05-90014-010 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RALPH, DEBRA 29481 ROWLAND CT. MIMS, FL 32754 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FUNDERBURG, GREGORY 6278 BOAT WRTIE RD. BROOKSVILLE, FL 346090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FUNDERBURG, LOURDES 6278 BOAT WRTIE RD. BROOKSVILLE, FL 34609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Debra Ralph* **04-28-05 (321) 383-2266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #