

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90060 044 ***150.00

DOCUMENT # P02000008415

1. Entity Name

BONAPARTE ANTIQUES, INC.



Principal Place of Business

60 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

23 WATER STREET
ST. AUGUSTINE FL 32084

54029507

(effective 5/1/04)

2. Principal Place of Business

81 San Marco Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Augustine, Florida

City & State

Zip

Country

32084

USA

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4. FEI Number

80-0034045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, CAROLYN
23 WATER ST
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MACDONALD, IAN G
STREET ADDRESS 23 WATER STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME MACDONALD, CAROLYN
STREET ADDRESS 23 WATER STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Carolyn A. MacDonald Carolyn A. MacDonald 4/5/2004 904 825-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #