

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90404 039 ***150.00

DOCUMENT # P02000044062

1. Entity Name

BONVIE F.P. DEVELOPMENT, INC.



Principal Place of Business

**4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address

**4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business

4567 W. Tradewinds Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

52-2370384

Applied For

Not Applicable

Zip
33308

Country
Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, PATRICK G ESQ.
1401 EAST BROWARD BLD.
SUITE 206
FORT LAUDERDALE FL 33301**

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.

N/A

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 ☐ Delete
NAME **D**
STREET ADDRESS **BONVIE, RICHARD E**
CITY-ST-ZIP **4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BONVIE, PATRICIA A**
CITY-ST-ZIP **4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BONVIE, RICHARD J**
CITY-ST-ZIP **4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **N/A**

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/Treas

3/24/2004

Date

Daytime Phone #