

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 004 ***150.00

DOCUMENT # P02000044062

1. Entity Name
BONVIE F.P. DEVELOPMENT, INC.



Principal Place of Business
**4567 W. TRADEWINDS AVE.
FT. LAUDERDALE, FL 33308**

Mailing Address
**4567 W. TRADEWINDS AVE.
FT. LAUDERDALE, FL 33308**



07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2370384

Applied For
Not Applicable

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**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(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

Date

Daytime Phone #

ATTACHMENT

KELLEY, HERMAN & SMITH
LAWYERS

50057247
#P02 000044062

PATRICK G. KELLEY
BRUCE K. HERMAN
JEFFREY B. SMITH

SUITE 206
1401 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301
AREA CODE 954
TELEPHONE 462-7806
TELEFAX 522-0396
E-Mail: ccarlsen@khsatty.com

July 20, 2005

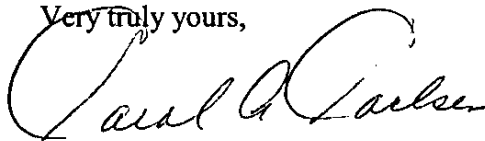
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Bonvie F.P. Development, Inc.

Dear Sirs:

Enclosed please find Corporation Annual Report for the referenced corporation, together with our check in the amount of \$150.00, the fee for 2005. Please be advised that we did not receive the Annual Business Report. The correct mailing address is 4567 W. Tradewinds Ave., Lauderdale By-the-Sea, FL 33308.

Very truly yours,



Carol A. Carlsen
Legal Assistant

/cc
Enclosures