

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

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
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05152006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when relistings) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

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

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
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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: *Patrick G. Kelley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06 954-7726633
Date Daytime Phone #