2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000056293

1. Entity Name
BONVISUTO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
15734 ACORN CR TAVARES, FL 32778	15734 ACORN CR TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

08252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3616472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONVISUTO, RICHARD
15734 ACORN CR
TAVARES, FL 32778

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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 of new registered agent, if applicable) (Printed name of new Registered Agent, if applicable and person signing) Date

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	PD
NAME	BONVISUTO, RICHARD
STREET ADDRESS	15734 ACORN CR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VD
NAME	BONVISUTO, CHERYL A
STREET ADDRESS	15734 ACORN CR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	OD
NAME	BONVISUTO, ERIK R
STREET ADDRESS	15734 ACORN CR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	OD
NAME	BRADLEY, JOSHUA
STREET ADDRESS	15734 ACORN CR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard Bonvisuto 8/27/04 Richard Bonvisuto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date