


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90284 019 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P02000063139 1. Entity Name ROY BONILLA ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 2804 DEL PRADO BLVD 109 CAPE CORAL, FL 33904 | | | Mailing Address 5969 SW 1ST COURT CAPE CORAL, FL 33914 | | |
| 2. Principal Place of Business 1227 SE 47TH STREET Suite, Apt. #, etc. | | 3. Mailing Address 1227 SE 47TH STREET Suite, Apt. #, etc. | | | |
| City & State CAPE CORAL, FL | | City & State CAPE CORAL, FL | | | |
| Zip 33904 Country U.S. | | Zip 33904 Country U.S. | | | |
| 4. FEI Number 42-1538436 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BONILLA, ROY R MR. 5969 SW 1ST COURT CAPE CORAL, FL 33914 | | | 7. Name and Address of New Registered Agent Name Bonilla, Roy R Street Address (P.O. Box Number is Not Acceptable) 1227 SE 47TH STREET City CAPE CORAL FL Zip Code 33904 | | |
| 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 <u><i>Roy Bonilla</i></u> Roy Bonilla <u>4/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BONILLA, ROY R MR <input type="checkbox"/> Delete 5969 SW 1ST COURT CAPE CORAL, FL 33914 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BONILLA, ROY R 1227 SE 47TH STREET CAPE CORAL, FL 33904 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Roy Bonilla</i></u> Roy Bonilla | | | <u>4/11/06</u> 239-878-0360 <small>Date Daytime Phone #</small> | | |