

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90410 009 ***150.00

DOCUMENT # P02000070508

1. Entity Name
BONITA HOMES, INC.



Principal Place of Business
**2397 WATERSIDE CIRCLE
LAKE WORTH, FL 33461**

Mailing Address
**2397 WATERSIDE CIRCLE
LAKE WORTH, FL 33461**

44031034

2. Principal Place of Business
1217 Chickasaw Street

3. Mailing Address
1217 Chickasaw Street



03102004 Chg-P CR2E034 (10/03)

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33458

Country
USA

Zip
33458

Country
USA

4. FEI Number
56-2284875

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CASSIDY, THOMAS B
6137 NW 124 DRIVE
1850 FOREST HILL BOULEVARD
CORAL SPRINGS, FL 33076**

7. Name and Address of New Registered Agent

Name
Steven A. Shorr CPA

Street Address (P.O. Box Number is Not Acceptable)
1217 Chickasaw Street

City
Jupiter

FL

Zip Code
33458

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 *Steven A. Shorr* **3/10/04**
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D LOPEZ, RITA 2397 WATERSIDE CIRCLE LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lopez, Rita 1217 Chickasaw Street Jupiter, FL 33458 <input checked="" 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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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

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: *Rita Lopez* **Rita Lopez** **04/14/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #