2004 FOR PROFIT CORPORATION

Mar 01, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P02000126842 03-01-2004 90028 013 ***150.00 BONNIE BARKER CONSULTING, INC. Principal Place of Business Mailing Address 25830 CREEKBEND DRIVE 25830 CREEKBEND DRIVE 54013079 **BONITA SPRINGS, FL 34135** BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address 28411 HIDDEN LAKE DR. Suite, Apt. #, etc. 28411 HIDDEN LAKE DR Suite, Apt. #, etc 02252004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number BONITA SPRINGS BONITA SPRINGS 22-3883605 Not Applicable \$8.75 Additional 5. Certificate of Status Desired LÉE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARKER, BONNIE BARKER, BONNIE K Street Address (P.O. Box Number is Not Acceptable) 25830 CREEKBEND DRIVE **BONITA SPRINGS, FL 34135** HIDDEN LAKE DR 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE BARKER, BONNIE K NAME BARKER, BONNIE K NAME 28411 HIDDEN LAKE DR 25830 CREEKBEND DRIVE STREET ADDRESS STREET ADDRESS SPRINGS, FL 34134 CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

FILED