

## 2004 FOR PROFIT CORPORATION

## Mar 09, 2004 8:00 am Secretary of State ANNUAL REPORT 03-09-2004 90037 025 \*\*\*150 00 DOCUMENT # P03000028583 BOUNAHANN, INC. UTCOLUPA Principal Place of Business Mailing Address 1155 MALABAR RD., SUITE 5 1155 MALABAR RD., SUITE 5 PALM BAY, FL 32907 PALM BAY, FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 45-05 ///35 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNAN, JON R 1155 MALABAR RD., SUITE 5 Street Address (P.O. Box Number is Not Acceptable) **PALM BAY, FL 32907** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ≈9.=Election Campaign Financing== FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be-Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Justin Bounauito TITLE ☐ Delete TITLE ☐ Change 1054 Sedgewood Circle SIABAE HANNAN, JON R NAME STREET ADDRESS 1155 MALABAR RD., SUITE 5 STREET ADDRESS W. Melbourne, Fr 32904 CITY-ST-ZIP PALM BAY, FL 32907 CITY-ST-ZIP Danielle Bounavito m Change TITLE ☐ Delete TIME ☐ Addition NAME NAME 391 Abello Rd S.E. STREET ADDRESS STREET ADDRESS Palm Bay, 7c 32909 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED** 

SIGNATURE: SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.