


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000067735**  
 1. Entity Name  
**BONNIE WILKINS INTERIORS, INC.**



Principal Place of Business  
 403 OLD JUPITER BEACH ROAD  
 JUPITER, FL 33477

Mailing Address  
 403 OLD JUPITER BEACH ROAD  
 JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-3683297</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILKINS, BONNIE**  
 403 OLD JUPITER BEACH ROAD  
 JUPITER, FL 33477

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000622763  
 02/13/07-80039-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKINS, BONNIE 403 OLD JUPITER BEACH ROAD JUPITER, FL 33477
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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:** Bonnie Wilkins Bonnie Wilkins 1-29-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #