2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000067735

1. Entity Name

BONNIE WILKINS INTERIORS, INC.



FILED Jan 31, 2008 08:00 AM Secretary of State

Principal Place of Business

403 OLD JUPITER BEACH ROAD JUPITER, FL 33477

Mailing Address

403 OLD JUPITER BEACH ROAD JUPITER, FL 33477



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01272008 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

4. FEI Number 38-3683297

Not Applicable

5 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

JUPITER, I	FL 33477		IN THIS SPACE			
	named entity submits this statement for the puions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signeture, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	gent avgnetun	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE Name Street address City-St-Zip	DP WILKINS, BONNIE 403 OLD JUPITER BEACH ROAD JUPITER, FL 33477					
TITLE Name Street address City-St-Zip					U00000808720 02/07/08-80060-008 150.00	
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12. Thereby	Locatify that the information supplied with this fit too this report or supplemental report is true a	ing does not qualify for the exem	ptions co	ntained in Chapter 11:	9, Florida Statutes. I further certify that the information ct as if made under eath; that I am an officer or director	

12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that it am an officer or director 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:

DANUE WILLIAMS
MATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1-29-08

561 222 4800

Daytme Phone #