S & D Enterprises

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Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90093 049 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000078423

1. Entity Name
BOUNAUITO ENTERPRISES, INC.

50011296

Principal Place of Business	Mailing Address
1155 MALABAR RD. SUITE 5 PALM BAY, FL 32907	1155 MALABAR RD. SUITE 5 PALM BAY, FL 32907

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country
3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

01252005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0095358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOU7NAUITO, DANIELLE
1155 MALABAR RD.
SUITE 5
PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Danielle Bounauito Danielle Bounauito Jan 31, 05
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, 2005 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	P BONNANIDO, DANIELLE 391 ABELLO RD. SE PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bounauito, Danielle (P) 391 Abello Rd SE Palm Bay, FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOUNANIDO, DIANE 384 GODREY RD SE. PALM BAY, FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bounauito, Diane (VP) 384 Godfrey Rd S.E. Palm Bay, FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Danielle Bounauito Danielle Bounauito Jan 31 05 321-508-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #