

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90086 008 ***150.00

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03152006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000149715 1. Entity Name BONIFAY REPAIR SERVICES INC.																											
Principal Place of Business 3275 LOGAN DR PENSACOLA, FL 32503 US		Mailing Address 3275 LOGAN DR PENSACOLA, FL 32503 US																									
2. Principal Place of Business 2802 E BRAINERD ST Suite, Apt. #, etc.		3. Mailing Address 2802 E BRAINERD ST Suite, Apt. #, etc.																									
City & State PENSACOLA FL Zip 32503 Country		City & State PENSACOLA FL Zip 32503 Country																									
4. FEI Number 88-0516099		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BONIFAY, PAUL A 3275 LOGAN DR PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: PAUL A BONIFAY <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BONIFAY, PAUL A</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3275 LOGAN DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">PENSACOLA, FL 32503</td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	BONIFAY, PAUL A		STREET ADDRESS	3275 LOGAN DR		CITY - ST - ZIP	PENSACOLA, FL 32503		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">PAULA BONIFAY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2802 E BRAINERD ST</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">PENSACOLA FL 32503</td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PAULA BONIFAY		STREET ADDRESS	2802 E BRAINERD ST		CITY - ST - ZIP	PENSACOLA FL 32503	
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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: PAUL A BONIFAY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-17-06 Daytime Phone # 850-341-3886																									