2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 AN DOCUMENT # P03000151134 1. Entity Namo **Secretary of State** ELI A. BONTRAGER COMPANY, INC. Funcipal Place of Business Mailing Address 3034 BAHIA VISTA STREET 3034 BAHIA VISTA STREET SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0523840 Not Applicable Zip Country Zrp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONTRAGER, ELI A Street Address (P.O. Box Number is Not Acceptable) 3034 BAHIA VISTA STREET SARASOTA FL 34239 City 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. 9 grature, typed or printed name of registered agent and the Timps cable (NOTE: Registered Agent eignotum required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ De≀ete TITLE Change ☐ Addition NAME BONTRAGER, ELI A NAME STREET ADDRESS 3034 BAHIA VISTA STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 86666666944 ITILE ☐ Derete TITLE 02/05/08-80008-0040 \$1999. 00 Addition NAMÉ MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dé ete TITLE Change | ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De etc TITLE Change 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 exemptions contained in Section 119, Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that ny 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:

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