

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90045 050 \*\*\*150.00

DOCUMENT # P04000004420

1. Entity Name

J. BONI ELECTRICAL CO.



Principal Place of Business

501 SE 8 DR  
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 1301  
OKEECHOBEE FL 02173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1092658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONI, JOSEPH  
501 SE 8 DR  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name: BONI, JOHN J.

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BONI, JOSEPH  
CITY-ST-ZIP 501 SE 8 DR  
OKEECHOBEE FL 34974

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME President, OWNER  
STREET ADDRESS BONI JOHN  
CITY-ST-ZIP 501 SE 8 DR OKEECHOBEE FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

John Joseph Boni JOHN Joseph Boni 7 Feb 06 863  
763-0996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Division of Corporations: <sup>60019575</sup>  
# P04-000004420 7 Feb 06

When my company was formed an error was made.

My middle name Joseph was listed instead of my  
first name JOHN.

The change in Block 11 is to correct this error.

The names in Block 6, 10, & 11 are all the same person.  
I am the sole owner, officer, agent of the company.

Please correct Block 6, & 10. to read.

Boni, JOHN J.

or

Boni, JOHN Joseph

Thank You.

John Joseph Boni

JOHN JOSEPH BONI

# P04-000004420