

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000126585

1. Entity Name

BONNIE BRITE, INC



FILED

Apr 16, 2007 08:00 A
Secretary of State

Principal Place of Business 4211 N ORANGE BLOSSOM TRAIL UNIT #C-2
ORLANDO FL 32804

Mailing Address 4211 N ORANGE BLOSSOM TRAIL UNIT #C-2
ORLANDO FL 32804



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 41-2151151

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GARY J
8507 FOREST CITY RD
ORLANDO FL 32810

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WELCH, MICHAEL H
STREET ADDRESS 4328 EDGEWATER DR #B102
CITY- ST- ZIP ORLANDO FL 32804

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000707258
04/24/07-80067-017 150.00

TITLE ST ☐ Delete
NAME GRAY, PAULA
STREET ADDRESS 159 BURKS CIRCLE
CITY- ST- ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

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☐ Change ☐ Addition
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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: *Michael H. Welch* Michael H. Welch 4-12-07 407 7825652

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #