

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000168293**

1. Entity Name

BONITA CITY CAR SERVICE, INC.



Principal Place of Business

1700 WINDY PINES DRIVE  
UNIT 4  
NAPLES FL 34112

Mailing Address

1700 WINDY PINES DRIVE  
UNIT 4  
NAPLES FL 34112



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2011348

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

CEBALLO, SALLY ANN  
1700 WINDY PINES DRIVE  
UNIT 4  
NAPLES FL 34112

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 fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 **CEBALLO, ALFRED L**  
STREET ADDRESS **1700 WINDY PINES DRIVE, UNIT 4**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition  
NAME **U00000929697**  
STREET ADDRESS **05/21/08-80081-003 150.00**  
CITY-ST-ZIP

TITLE **VP/S** ☐ Delete  
NAME **CEBALLO, SALLY ANN**  
STREET ADDRESS **1700 WINDY PINES DRIVE, UNIT 4**  
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Sally Ann Ceballo*

4-23-08

239-417-4397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #