

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90291 014 ***150.00

DOCUMENT # P04000170194																																																																																																																																																											
1. Entity Name BONDS RESIDENTIAL SERVICES, INC.																																																																																																																																																											
Principal Place of Business 394 TIMBERWIND DR. DEFUNIAK SPGS, FL 32433 US			Mailing Address 394 TIMBERWIND DR. DEFUNIAK SPGS, FL 32433 US																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
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Country		Country		4. FEI Number 20-2029479																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent BONDS, RAYMOND E 394 TIMBERWIND DR. DEFUNIAK SPGS, FL 32433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			FL Zip Code																																																																																																																																																								
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																																																																																																																																																											
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">BONDS, RAYMOND E</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">394 TIMBERWIND DR.</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">DEFUNIAK SPGS, FL 32433</td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">P</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">BONDS, RAYMOND E</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">394 TIMBERWIND DR.</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">DEFUNIAK SPGS, FL 32433</td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">SEC</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">BONDS, GWENDOLYN D</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">394 TIMBERWIND DR.</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">DEFUNIAK SPGS, FL 32433</td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td></td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td></td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"></td> <td></td> <td></td> <td style="padding: 5px;"></td> <td></td> <td></td> </tr> </table>						10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raymond E. Bonds President 4-26-05 (850) 951-3877																																																																																																																																																											