2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000170194

1. Entity Name
BONDS RESIDENTIAL SERVICES, INC.

Principal Place of Business	Mailing Address
394 TIMBERWIND DR. DEFUNIAK SPGS, FL 32433 US	394 TIMBERWIND DR. DEFUNIAK SPGS, FL 32433 US

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2029479
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONDS, RAYMOND E
394 TIMBERWIND DR.
DEFUNIAK SPGS, FL 32433

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONDS, RAYMONDS E
STREET ADDRESS	394 TIMBERWIND DR.
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32433
TITLE	P
NAME	BONDS, RAYMOND E
STREET ADDRESS	394 TIMBERWIND DR
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32433
TITLE	SEC
NAME	BONDS, GWENDOLYN D
STREET ADDRESS	394 TIMBERWIND DR.
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32433
TITLE	VP
NAME	BONDS, KENNETH G
STREET ADDRESS	138 DEERRUN EAST
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80111-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Raymond Edward Bonds 4-19-06 (850)951-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #