

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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**



04172008 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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000934286
05/23/08-80026-023 150.00**

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	

**DO NOT WRITE
IN THIS SPACE**

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 E. Bonds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

850931-1118

Daytime Phone #