

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050317

Entity Name: BONT, INC.

FILED
Jan 23, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 48704
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48704
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2632565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKLIDGE, RAYMOND M
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NISWONGER, KIP E
Address: 9503 NORCHESTER CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR () Change (X) Addition
Name: KAE LIN, CRAIG J
Address: 17820 GREY BROOKE DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG J. KAE LIN

SECR

01/23/2006

Electronic Signature of Signing Officer or Director

_____ Date