2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)
DOCUMENT # P06000007379

FILED May 03, 2007 8:00 am Secretary of State

1. Entity Name BONNER MANAGEMENT AND DEVELOPMENT, INC.				04-11-2007	90017 047 ***150.00	
Principal Place of Business 404 IRIS LANÉ MELBOURNE FL 32901		Mailing Address 404 IRIS LANE MELBOURNE FL 32901				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			2011 95H 20H 1022 IMI 1984 191557 X 1994	
Suito, Apt. #, otc.		Suite, Apt. #, atc.		1st MOORE	CR2E034 (10/06)	
City & State		City & State		4. FEI Number / 30547	Number Applied For Not Applicable	
Zip	Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	rt Registered Agent		7. Name and Address of New R		
BONNER, RYAN			Name	Name		
404	IRIS LANE BOURNE FL 32901	Street Address		(P.O. Box Number is Not Acceptable)		
	,	City			FL Zip Code	
8. The above named only 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 .	1474)				
F	LE NOW!!! FEE IS \$150.00	THE PROPERTY OF STREET	FE Frequency Agent arghature recur	9. Election Campa	ign Financing \$5.00 May Be	
	May 1, 2007 Fee Will Be \$550.0 Payable to Florida Department			Trust Fund Cont		
10,	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFI		
HAME HAME	D BONNER, RYAN	☐ Octobe	Isité NAMI		☐ Change ☐ Addition	
SHEEL ADORESS	404 IRIS LANE MELBOURNE FL 32901		SIBLET ADDRESS CITY SEZIP			
IIII I		Dete le	IIILE NAME		Change C Addition	
SINITI ADDRESS CITY SI-ZIP	,		SIBELL ADDRESS COLV. ST. ADDRESS			
ngi	•	Delata	Hudi .		Change - Addition	
STREET ADDRESS			JAKA Septoda Februs			
CITY SI-7IP		Doteto	DITUE		Change Addition	
NAME		Diseic	NAMI ·		Change C Andrea	
SIFEET ADDIESS CHY-SI-ZIP			STREET ADDRESS CITY ST ZIP			
UDE		Delete	BITT		☐ Change ☐ Addition	
NAME. Sireet address			NAMI SIHEET ADORESS			
CHY SI-7IP			CHY SI AP	<u>, </u>		
TIRE NAME		Delete	iifi f NAME		Change 🛄 Addition	
SIRTELADORESS CHY-S1-ZIP			SIRLE I ADDRESS CITY-S1-7IP			
12. I hereby certify that the information supplied with this filling 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 logal effect as if made under early, that I am an officer or director of the corporation or the receiver or justoe 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.						
SIGNAT	URE: /C,	-		3/a	%7	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Priore						