

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066333

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** BONNE NUIT SW FLORIDA, INC.

**Current Principal Place of Business:**

26795 SOUTH BAY DRIVE SUITE 160  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26795 SOUTH BAY DRIVE SUITE 160  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 26-2972501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUR, GLORIA PRES  
26795 SOUTH BAY DRIVE  
SUITE 160  
BONITA SPRINGS, FL 34134 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BAUR, GLORIA  
Address: 26795 SOUTH BAY DRIVE SUITE 160  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: GLORIA BAUR

PRES

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date