2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000007026

1. Entity Name
EDDIE BONFIGLI, INC.

Principal Place of Business	Mailing Address
440 FONTANA DR SUITE B PALM SPRINGS, FL 33461 US	440 FONTANA DR SUITE B PALM SPRINGS, FL 33461 US

03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0386852
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONFIGLI, EDDIE
440 FONTANA DR.
STE. B
PALM SPRINGS, FL 33461

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 _____ 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

000000470334
03/28/06-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONFIGLI, EDDIE
STREET ADDRESS	440 FONTANA DR.
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	DVP
NAME	ADAMSON, DAYNA
STREET ADDRESS	440 FONTANA DR
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Eddie Bonfigli 3/14/06 561-642-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #