

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000034509

1. Entity Name
E.S. BONEY & ASSOCIATES, INC.



Principal Place of Business
1514 FRANKLIN ST
FERNANDINA BEACH, FL 32034

Mailing Address
1514 FRANKLIN ST
FERNANDINA BEACH, FL 32034



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
47-0852859

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BONEY, ERNEST S
1514 FRANKLIN ST
FERNANDINA BEACH, FL 32034

**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 *Ernest S. Boney* DATE 4/21/04
Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000128751
04/26/04-80050-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONEY, ERNEST S
STREET ADDRESS	1514 FRANKLIN ST
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	VT
NAME	BONEY, KAREN K
STREET ADDRESS	1514 FRANKLIN ST
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
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 exemption stated in Section 119.07(3)(i), 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: *Ernest S. Boney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 04/21/04 DAYTIME PHONE # 904.277.6552