


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90051 004 \*\*\*150.00

<b>DOCUMENT # P94000022334</b> 1. Entity Name <b>BIONOMICS INTERNATIONAL INC</b>			
Principal Place of Business <del>0631 WEST ATLANTIC AVE., STE. 115</del> <del>DELRAY BEACH, FL 33446</del>		Mailing Address <del>0631 WEST ATLANTIC AVE., STE. 115</del> <del>DELRAY BEACH, FL 33446</del>	
2. Principal Place of Business <b>18210 MORRISON ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>GROVELAND, FL</b> Zip <b>34736</b>		City & State <b>SAME</b> Zip <b>SAME</b>	
Country <b>USA</b>		Country <b>SAME</b>	
4. FEI Number <b>65-0549767</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FRANKLIN, ELLIOTT</b> <b>2777 S CONGRESS AVENUE</b> <b>LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS KEARNS, CLIFFORD A 5020 WHITEWOOD COVE NORTH LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KEARNS, CLIFFORD A 2533 TROPICAL EAST CIRCLE FORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PFLUG, GARY 22340 THOUSAND PINES LANE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PFLUG, GARY 18210 MORRISON ST. GROVELAND, FL 34736
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
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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: <u>GARY PFLUG</u>		GARY PFLUG	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2.26.04</u> Daytime Phone #: <u>352 429 9515</u>	

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