

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 033 ***150.00

DOCUMENT # P94000047184

1. Entity Name
BONAFIDE BUSINESS ASSOCIATES, INC.



Principal Place of Business Mailing Address

928-D MAR WALT DRIVE **928-D MAR WALT DRIVE**
STE D **STE D**
FT. WALTON BEACH, FL 32547 US **FT. WALTON BEACH, FL 32547 US**

2. Principal Place of Business - No. P.O. Box # 3. Mailing Address

1034 Mar Walt Dr. **1034 Mar Walt Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 100 **Ste 100**

City & State City & State

Ft. Walton Bch., FL **Ft. Walton Bch, FL**
 Zip Country Zip Country
32547 **Okaloosa** **32547** **Okaloosa**

01292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3258199 **Not Applicable**

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

6. Name and Address of Current Registered Agent

MARSHALL, WILLIAM R
928-D MAR WALT DRIVE
FT. WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Theodore I. Macey* **THEODORE I. MACEY** **3/18/08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DLABAL, THOMAS A	NAME	
STREET ADDRESS	928-D MAR WALT DR	STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WILLIAM R M.D.	NAME	
STREET ADDRESS	C/O MARSHALL HLDGS, LLC 928-D MAR WALT DR	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEY, THEODORE I M.D.	NAME	
STREET ADDRESS	% MACEY FAMILY MGMT, LLC 928-D MAR WALT DR	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Theodore I. Macey* **THEODORE I MACEY** **3/18/08** **(850) 315-9207**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40056592

