# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# P94000047184

**Entity Name:** BONAFIDE BUSINESS ASSOCIATES, INC.

**Current Principal Place of Business:**

1034 MAR WALT DR.
STE 100
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1034 MAR WALT DR.
STE 100
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number: 59-3258199** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

MARSHALL, WILLIAM R
1034 MAR WALT DRIVE
SUITE 100
FT. WALTON BEACH, FL 32547 US

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: WILLIAM R MARSHALL 01/08/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: DLABAL, THOMAS A
Address: 928-D MAR WALT DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: P ( ) Delete
Name: MARSHALL, WILLIAM R M.D.
Address: C/O MARSHALL HLDGS, LLC 928-D MAR WALT DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP ( ) Delete
Name: MACEY, THEODORE I M.D.
Address: % MACEY FAMILY MGMT, LLC 928-D MAR WALT DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: DLABAL, THOMAS A
Address: 1034 MAR WALT DR, STE 100
City-St-Zip: FT WALTON BEACH, FL 32547

Title: P (X) Change ( ) Addition
Name: MARSHALL, WILLIAM R M.D.
Address: C/O MARSHALL HLDGS, LLC 1034 MAR WALT DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VP (X) Change ( ) Addition
Name: MACEY, THEODORE I M.D.
Address: % MACEY FAMILY MGMT, LLC 1034 MAR WALT DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R MARSHALL P 01/08/2009
Electronic Signature of Signing Officer or Director Date