

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047184

FILED
Feb 17, 2011
Secretary of State

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DLABAL, THOMAS A
Address: 1034 MAR WALT DR, STE 100
City-St-Zip: FT WALTON BEACH, FL 32547

Title: S
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: P
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 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 all other like empowered.

SIGNATURE: WILLIAM R. MARSHALL

S

02/17/2011

Electronic Signature of Signing Officer or Director

Date