


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90124 003 \*\*\*150.00

<b>DOCUMENT # P94000066823</b>	
1. Entity Name <b>BONNIE LEE OF INDIAN RIVER COUNTY, INC.</b>	

Principal Place of Business <b>1006 EASTER LILY LANE VERO BEACH FL 32963 US</b>	Mailing Address <b>1225 45TH COURT SW VERO BEACH FL 32968 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address <b>4412 5TH PLACE SW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>VERO BEACH, FL</b>	4. FEI Number <b>65-0515788</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip <b>32968</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>KISTLER, JOHN P JR 1225 45TH COURT SW VERO BEACH FL 32968</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	<b>4412 5TH PLACE SW</b>
	City <b>VERO BEACH</b> FL Zip Code <b>32968</b>

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 *John P. Kistler Jr.* DATE 03/31/2005  
(Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GIAMBANCO, CROCE 1006 EASTER LILY LANE VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GIAMBANCO, BONNIE 1006 EASTER LILY LANE VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John P. Kistler Jr.* Date 2/28/05 Daytime Phone # 772-231-9311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR