## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # P94000066823 BONNIE LEE OF INDIAN RIVER COUNTY, INC. Malling Address Principal Place of Business 4412 5TH PLACE SW VERO BEACH, FL 32963 1006 EASTER LILY LANE VERO BEACH, FL 32963 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0515788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KISTLER, JOHN P JR DO NOT WRITE 4412 5TH PLACE SW VERO BEACH, FL 32968 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GIAMBANCO, CROCE 1006 EASTER LILY LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32953 VS TITLE GIAMBANCO, BONNIE NAME STREET ADDRESS 1008 EASTER LILY LANE VERO BEACH, FL 32963 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE Titi F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of applemental report in true and accurate and that my signature shall have the same legal effect as if made under path; 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 atjachnight with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-21P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

**FILED**