

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000008547

1. Entity Name
BONEL BUILDING CORP. INC.



Principal Place of Business
**4577 GUNN HIGHWAY
SUITE 202
TAMPA, FL 33624**

Mailing Address
**4577 GUNN HIGHWAY
SUITE 202
TAMPA, FL 33624**



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3301087 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**WENRICK, JOHN C
1976 ALT US 19 S
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000072968
03/02/04-80015-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | NOBLE, RICHARD A |
| STREET ADDRESS | 4611 LANDSCAPE DR |
| CITY-ST-ZIP | TAMPA, FL 33624 |

| | |
|----------------|--------------------------|
| TITLE | S |
| NAME | NOBLE, SHANTEL |
| STREET ADDRESS | 4611 LANDSCAPE DR |
| CITY-ST-ZIP | TAMPA, FL 33624 |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Decs.

2/24/04 8139624019