## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000028496

City-St-Zip:

ALEXANDRIA, LA 71303

Entity Name: BONNER-BARR CORPORATION

FILED Apr 20, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16416 WINDSOR PARK DRIVE LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 16416 WINDSOR PARK DRIVE LUTZ, FL 33549 FEI Number: 65-0657162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARR, K. JOHN 16416 WINDSOR PARK DRIVE LUTZ, FL 33549 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS (X) Change ( ) Addition BARR, K. JOHN Name: Name: BARR, K. JOHN 16416 WINDSOR PARK DRIVE 16416 WINDSOR PARK DRIVE Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33549 Title: Title: () Delete () Change () Addition Name: BARR, DARREN C Name: 8714 PISA DRIVE #834 Address: Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip: Title: Title: VMGR (X) Delete () Change () Addition BARR, KENNETH J JR Name: Name: 1646 WINSOR PARK RD Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BARR REED, MARSHA Name: Name: Address: 4108 WATERFORD DRIVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: K. JOHN BARR PRES 04/20/2005