



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90050 027 \*\*\*150.00

<b>DOCUMENT # P96000029591</b> 1. Entity Name <b>BON APART REAL ESTATE INC.</b>					
Principal Place of Business <b>521 LOQUAT DRIVE P.O BOX 898 ANNA MARIA, FL 34216 US</b>			Mailing Address <b>C/O DAVID S BLAND, CPA 6202 S TAMIAMI TRAIL SARASOTA, FL 34231 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>C/O DAVID BLAND CPA</b> Suite, Apt. #, etc. <b>5053 OCEAN BLVD #69</b> City & State <b>SARASOTA FL.</b> Zip Country <b>34242 USA</b>			
4. FEI Number <b>65-0668761</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BREITER, THOMAS H 101 SOUTH BAY BLVD. SUITE B-4 ANNA MARIA, FL 34216</b>			7. Name and Address of New Registered Agent Name <b>Bertil Reichmann</b> Street Address (P.O. Box Number is Not Acceptable) <b>521 LOQUAT DRIVE</b> P.O. Box 898 City <b>ANNA MARIA FL 34216</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 <u>Bertil Reichmann</u> <b>BERTIL REICHMANN</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BREITER, THOMAS P O BOX 818 ANNA MARIA, FL 34216</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT Bertil Reichmann P.O BOX 898 ANNA MARIA FL 34216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Bertil Reichmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-04-05 (941) 778 0881 <small>Date Daytime Phone #</small>		