

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000029591

1. Entity Name
BON APART REAL ESTATE INC.



Principal Place of Business
521 LOQUAT DRIVE
P.O. BOX 898
ANNA MARIA, FL 34216 US

Mailing Address
C/O DAVID S BLAND, CPA
2100 CONSTITUTION BLVD 118
SARASOTA, FL 34231 US

FILED
Feb 01, 2008 08:00 AM
Secretary of State



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0668761

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REICHMANN, BERTIL
521 LOQUAT DRIVE
P.O. BOX 898
ANNA MARIA, FL 34216

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REICHMANN, BERTIL
STREET ADDRESS	P.O. BOX 898
CITY- ST- ZIP	ANNA MARIA, FL 34216
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000810266
02/08/08-80059-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #