

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000079165

1. Entity Name
BOUNTY PRODUCTS, INC.



Principal Place of Business
**10821 NORTHWEST 50TH STREET
SUNRISE, FL 33351**

Mailing Address
**10821 NORTHWEST 50TH STREET
SUNRISE, FL 33351**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0695563

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, JANICE
10821 NW 50TH STREET
SUNRISE, FL 33351**

**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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GREENE, JANICE**
STREET ADDRESS **10821 NORTHWEST 50TH STREET**
CITY-ST- ZIP **SUNRISE, FL**

TITLE **D**
NAME **BLIGH, CAROLE**
STREET ADDRESS **10821 NW 50TH STREET**
CITY-ST- ZIP **SUNRISE, FL 33351**

TITLE **D**
NAME **BLIGH, JACK D.**
STREET ADDRESS **10821 NW 50TH STREET**
CITY-ST- ZIP **SUNRISE, FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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STREET ADDRESS
CITY-ST- ZIP

**U00000529825
05/05/06-80091-022 150.00**

**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: Carole E. Bligh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 954-584-0366
Date Daytime Phone