2004 FOR PROPERTION ANNUAL REPORT

Apr 22, 2004 08:00 AM Secretary of State **DOCUMENT # P97000017463** BONO'S OF ALACHUA COUNTY, INC. Mailing Address Principal Place of Business 6760 NEWBERYY RD P.O. BOX 47876 JACKSONVILLE, FL 32247 GAINESVILLE, FL 32605 %F53,,,-302/F& CR2E034 (10/03) No Chg-P 04092004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3430152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STANFORD, DOUGLAS G DO NOT WRITE **50 N LAURA STREET SUITE 2800** IN THIS SPACE JACKSONVILLE, FL 32202 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THE DAVIS, T. WAYNE JR NAME 1910 SAN MARCO BLVD STREET ADDRESS JACKSONVILLE, FL 32207 CRY-ST-ZP U00000125356 04/22/04-80082-005 150.00 HILE SAFFELL, PAUL K NAME 8923 WESTERN WAY STREET ADDRESS JACKSONVILLE, FL 32256 CETY-ST-ZIP TIRE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TILE NAME

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OF PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Daytime Phone #

FILED - - -