

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062457

FILED
Apr 01, 2004
Secretary of State

Entity Name: BONRIS CORP.

Current Principal Place of Business:

1922 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

New Principal Place of Business:

1713HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

Current Mailing Address:

1922 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

New Mailing Address:

1713 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

FEI Number: 65-0781958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPICER, DAVID W
BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO
ESPERATE, SIXTH FLOOR, 222 LAKEVIEW AVE
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: MAVORIDES, CHRISTOPER J M.D.
Address: 1922 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

Title: DP () Delete
Name: MAVORIDES, BONNIE M.D.
Address: 1922 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTOPHER J MAVROIDES MD

D

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date