


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90068 027 \*\*\*150.00

<b>DOCUMENT # P97000081549</b> 1. Entity Name <b>BON-TOM INC.</b>					
Principal Place of Business <b>9289 101ST DR LIVE OAK FL 32060</b>				Mailing Address <b>9289 101ST DR LIVE OAK FL 32060</b>	
2. Principal Place of Business <b>1311 MARION ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1311 MARION ST</b> Suite, Apt. #, etc.			
City & State <b>LIVE OAK FL</b>		City & State <b>LIVE OAK FL</b>		4. FEI Number <b>59-3476156</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip <b>32064</b>	Country <b>USA</b>	Zip <b>32064</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SWARTZ, STANLEY T JR. 9289 101ST DR LIVE OAK FL 32060</b>				7. Name and Address of New Registered Agent Name <b>STANLEY T. SWARTZ</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1311 MARION ST</b> City <b>LIVE OAK</b> <b>FL</b> Zip Code <b>32064</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><i>Stanley T. Swartz</i></u> <small>Signature, Name or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWARTZ, STANLEY T JR 9289 101 ST DR LIVE OAK FL 32060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, BONNIE J 9289 101ST DR LIVE OAK FL 32060	<input type="checkbox"/> Change <input 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			
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			
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><i>Stanley T. Swartz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <b>7-26-04</b>  <small>Date</small> </div>					