## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P97000081549  1. Entity Name BON-TOM INC.					04-26-2006 90218 016 ***150.00			
Principal Place	e of Business	Mailing Address	o Address		20035861			
1311 MARION ST		1311 MARION ST			}			
LIVE OAK, FL 32064		LIVE OAK, FL 32064						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E034 (11/05	)
City & State		City & State			4. FEI Number 59-347		<b>⊢</b>	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
Name and Address of Current Registered Agent				7. Name and	Address of New R	legistered Agent		
OWNERTZ OTANIESY TUR				Name				
SWARTZ, STANLEY T JR. 14313 104 ST LIVE OAK. FL 32060			s	Street Address (P.O. Box Number is Not Acceptable)				
2172 0711(12 02000			İ					
			٥	City			FL Zip Co	rde
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 tide if applicable.  (NOTE: Registered Agent aignature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				9 \$5	.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS 11.					CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	_ ******		TITLE	Sub	12 Stant	ey T. Jr.	<b>⊡</b> Change	Addition
NAME	· ·		NAME		.a 100715	7		
STREET ADORESS CITY-ST-ZIP			STREET AL	BUNESS 」ル ZIP 人心	ns lot , Fl	_ 32064		
TITLE			TITLE		•		☐ Change	Addition
NAME			NAME	500	rtz, Bonni	- e <u>a</u>		
STREET ADDRESS			STREET AL	DORESS 143	13 104th 5	32064		
CITY-ST-ZIP	LIVE OAK, FL 32060	_		·ZIP 人、	ne oak, F			
TITLE NAME		☐ Delete	TITLE NAME				☐ Chánga	Addition
STREET ADDRESS			STREET AL	DDRESS				
CITY-ST-ZIP			CITY-ST-					
TITLE			TITLE	*			☐ Change	Addition
NAME OTREET ADDRESS			NAME	000000				
STREET ADDRESS CITY-ST-ZIP			STREET A	- 1				
TITLE			TITLE				☐ Changi	Addition
NAME			NAME					
STREET ADDRESS			STREET A					
CITY-ST-ZIP			CITY-ST-	-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				Chang	Addition
STREET ADDRESS			STREET A	ADDRESS				
CITY-ST-ZIP			CITY-ST-	- ZIP				
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12. I hereby certify that the information supplied with this filling 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 employered 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SKINING-OFFICER OR DIRECTOR

386 364-1668

Daytime Phone #

Date