ANNUAL REPORT

1/

FILED
Feb 21, 2005 8:00 am
Secretary of State
01-21-2005 90086 027 ***150.00

DOCUMENT # P98000001219

Entity Name
MACBONNER, INC.

Principal Place of Business
5404 MARINA DR
HOLMES BEACH, FL 34217

Mailing Address
5404 MARINA DR
HOLMES BEACH, FL 34217

b0UU4J44

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0808396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONNER, JOY
5404 MARINA DR
HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent

Name: Joy, Bonner
Street Address (P.O. Box Number is Not Acceptable): 5404 Marina Drive
City: Holmes Beach FL Zip Code 34217

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 01/19/05

8. FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	PRESSWOOD, BONNER JOY		NAME	JOY, BONNER	
STREET ADDRESS	5404 MARINA DR		STREET ADDRESS	5404 Marina Dr	
CITY-ST-ZIP	HOLMES BEACH, FL 34217		CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature]