2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P98000053924

Entity Name: BONNIE FLECKNER, INC.

Current Principal Place of Business:

8632 GRIFFIN RD
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 293000
DAVIE, FL 33329

New Mailing Address:

FEI Number: 65-0849400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLECKNER, BONNIE S PRES.
8632 GRIFFIN RD
COOPER CITY, FL 33328 US

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: P ( ) Delete
Name: FLECKNER, BONNIE S
Address: 9220 OAK GROVE CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete
Name: WOLF, JULIE F
Address: 10445 CANTERBURY COURT
City-St-Zip: DAVIE, FL 33328

Title: T ( ) Delete
Name: WOLF, WILLIAM H III
Address: 10445 CANTERBURY COURT
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete
Name: FLECKNER, DONALD
Address: 9220 OAK GROVE CIR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BONNIE S. FLECKNER P 01/03/2005
Electronic Signature of Signing Officer or Director Date