

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000082412

1. Entity Name
BONDY & ASSOCIATES, INC.



Principal Place of Business
8181 W. BROWARD BLVD.
SUITE 262
PLANTATION, FL 33324 US

Mailing Address
8181 W. BROWARD BLVD.
SUITE 262
PLANTATION, FL 33324 US

FILED

04 OCT -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

09082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0879481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONDY, PETER J
9611 RIDGESIDE COURT
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP BONDY, PETER J 9611 RIDGESIDE COURT DAVIE, FL 33328
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10/04/04--01043--011 **150.00

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IN THIS SPACE**

12/10/11

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/04

954-473-1730

Date

Daytime Phone #