

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000092322

1. Entity Name
BONNYVIEW, INC.



Principal Place of Business
6907 NW 107 TERRACE
PARKLAND, FL 33076

Mailing Address
6907 NW 107 TERRACE
PARKLAND, FL 33076



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, EARL
6907 NW 107 TERRACE
PARKLAND, FL 33076

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, EARL
STREET ADDRESS 6907 NW 107 TERRACE
CITY-ST-ZIP PARKLAND, FL 33076

TITLE TSD
NAME ROACHE, KEITH
STREET ADDRESS 6907 NW 107 TERRACE
CITY-ST-ZIP PARKLAND, FL 33076

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000000418136
02/13/06-80083-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

Earle G. Brown

Feb 01/06

Date

954 575-1580

Daytime Phone #