

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S45197

1. Entity Name
BONANZA 62-V, INC.



Principal Place of Business
**5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210**

Mailing Address
**5772 TIMUQUANA RD
JAX, FL 32210 US**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3120360

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KENYON, MATTHEW E
5772 TIMUQUANA ROAD
JACKSONVILLE, FL 32210**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENYON, MATTHEW E
STREET ADDRESS	5772 TIMUQUANA ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	MCARTHUR, WILLIAM A
STREET ADDRESS	5772 TIMUQUANA ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	HENDRIX, CHARLES N
STREET ADDRESS	5772 TIMUQUANA ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

MATTHEW KENYON

1/12/05

Date

(904) 777-0833

Daytime Phone #