

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V01776

1. Entity Name
THE BONITA FISHING CLUB, INC.



Principal Place of Business

104 SE 1ST AVE
STE A
OCALA, FL 34471 US

Mailing Address

104 SE 1ST AVE
STE A
OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3152326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, LESLIE C. JR/
104 SE 1ST AVE
STE A
OCALA, FL 34471

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIR, CHARLES A 1131 SE 17TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TURNER, LESLIE C., JR. 125 N.E. 1 AVE., STE. 3 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZEL, GEORGE, JR. 2033 S.E. 37 CT. CIR. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, BOB 2031 S.E. 8TH ST. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JAMES D 3664 NE 67TH TERR SILVER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000002030
01/12/04-80035-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Leslie C. Turner Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04
Date

Daytime Phone # _____