

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 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



01052005 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, 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	P
NAME	BLAIR, CHARLES A
STREET ADDRESS	1131 SE 17TH AVE
CITY-ST-ZIP	OCALA, FL
TITLE	DST
NAME	TURNER, LESLIE C., JR.
STREET ADDRESS	125 N.E. 1 AVE., STE. 3
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	WENZEL, GEORGE, JR.
STREET ADDRESS	2033 S.E. 37 CT. CIR.
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	WARD, BOB
STREET ADDRESS	2031 S.E. 8TH ST.
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	RAY, JAMES D
STREET ADDRESS	3664 NE 67TH TERR
CITY-ST-ZIP	SILVER SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80034-013 150.00

**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

Date

Daytime Phone #