

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 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



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2007 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	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	D
NAME	SHEPPARD, DOZIER G
STREET ADDRESS	9 NE 1ST AVE.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80007-014 150.00

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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: *Leslie C. Turner Jr* *Leslie C. Turner Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07

Date

Daytime Phone #