

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V12092**

**1. Entity Name**  
**BONAVENTURE ASSOCIATES, INC.**



**Principal Place of Business**  
1927 US HIGHWAY 17 SOUTH  
ORANGE PARK, FL 32032

**Mailing Address**  
91 SHEFFIELD ST  
OLD SAYBROOK, CT 06475 US

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-3107719

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

BELL, DAVID L  
6217 NW 52ND LANE  
GAINESVILLE, FL 32653

**DO NOT WRITE  
IN THIS SPACE**

**B.** 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 rechartering)

**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** P  
**NAME** BELL, DAVID L  
**STREET ADDRESS** 6217 NW 52ND LANE  
**CITY-ST-ZIP** GAINESVILLE, FL 32653

**TITLE** ST  
**NAME** BELL, GERALDINE M  
**STREET ADDRESS** 91 SHEFFIELD STREET  
**CITY-ST-ZIP** OLD SAYBROOK, CT

**TITLE**  
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**CITY-ST-ZIP**

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04/27/04-80103-017 150.00

**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:**

*David L. Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. BELL

4/23/04

Date

(860) 395-8192  
Daytime Phone #