



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V43328			
1. Entity Name MANAGEMENT RECRUITERS OF BONITA SPRINGS, INC.			
Principal Place of Business 9240 BONITA BCH, RD SUITE 3307 BONITA SPRINGS, FL 34135 US		Mailing Address 9240 BONITA BCH, RD SUITE 3307 BONITA SPRINGS, FL 34135 US	
DO NOT WRITE IN THIS SPACE			
		01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0344477	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SHEARER, GARY F 9240 BONITA BCH RD SUITE 3307 BONITA SPRINGS, FL 34135		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000108069 04/09/04-80040-010 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD SHEARER, GARY F 9240 BONITA BCH RD STE 3307 BONITA SPRINGS, FL 34135	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Gary F. Shearer</i>		GARY F. SHEARER 4/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	