

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 032 ***158.75

DOCUMENT # V46121

1. Entity Name
BONIFACE-HIERS BUICK, INC.



Principal Place of Business
**234 EAST MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952**

Mailing Address
**234 EAST MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952**

94059869



2. Principal Place of Business
1700 E Merritt Island Cswy
Suite, Apt. #, etc.

3. Mailing Address
1700 E Merritt Island Cswy
Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State
Merritt Island, FL
Zip **32952** Country

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Merritt Island, FL
Zip **32952** Country

4. FEI Number
59-3128963
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DYER, DAVID W.
201 NORTH RIVERSIDE DRIVE
INDIAN LANTIC, FL 32993**

7. Name and Address of New Registered Agent

Name **Dyer David W.**
Street Address (P.O. Box Number is Not Acceptable)
325 5th Avenue, Suite 205
City **Indian Lantic** FL Zip Code **32903**

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

4/15/04

**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 **DP**
STREET ADDRESS **BONIFACE, BERNARD R.**
CITY-ST-ZIP **234 MERRITT ISLAND CSWY
MERRITT ISLAND, FL** ☐ Delete

TITLE
NAME **DVP**
STREET ADDRESS **HIERS, A.J.**
CITY-ST-ZIP **234 MERRITT ISLAND CSWY
MERRITT ISLAND, FL** ☐ Delete

TITLE
NAME **ST**
STREET ADDRESS **HUNTA, NEIL**
CITY-ST-ZIP **532 HIDDEN HOLLOW DRIVE
MERRITT ISLAND, FL 32952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP**
STREET ADDRESS **Boniface, Bernard R**
CITY-ST-ZIP **1700 E Merritt Island Cswy
Merritt Island, FL 32952** ☒ Change ☐ Addition

TITLE
NAME **DVP**
STREET ADDRESS **HIERS, A.J.**
CITY-ST-ZIP **1700 E Merritt Island Cswy
Merritt Island, FL 32952** ☒ Change ☐ Addition

TITLE
NAME **ST**
STREET ADDRESS **Hunta, Neil**
CITY-ST-ZIP **1700 E Merritt Island Cswy
Merritt Island, FL 32952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Neil Hulta

4/14/04

Date

321-452-8282

Daytime Phone #