

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19249

Entity Name: BONNESS, INC.**Current Principal Place of Business:**1900 SEWARD AVE
NAPLES, FL 34109**Current Mailing Address:**1900 SEWARD AVE
NAPLES, FL 34109 US**FEI Number:** 59-2055219**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILIE, KATHLEEN M
1900 SEWARD AVE
NAPLES, FL 34109 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP	Title	DIRECTOR, SECRETARY
Name	JANCO, JEFF	Name	BONNESS, MAUREEN S
Address	3535 29TH AVENUE SW	Address	7390 ROOKERY LANE
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34120
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, TREASURER
Name	BAILIE, KATHLEEN M	Name	MACKENZIE, SHARON M
Address	267 CHANNING CT.	Address	2603 NW 170TH STREET
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NEWBERRY FL 32669
Title	DIRECTOR	Title	DIRECTOR
Name	COTY, MARK E	Name	AMON, LAWRENCE
Address	2007 145TH STREET EAST	Address	9024 TERRANOVA DRIVE
City-State-Zip:	BRADENTON FL 34212	City-State-Zip:	NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M BAILIE**PRESIDENT****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date