

2022 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 DIRECTOR
Name BONNESS, MAUREEN S
Address 7390 ROOKERY LANE
City-State-Zip: NAPLES FL 34120

Title DIRECTOR, PRESIDENT
Name BAILIE, KATHLEEN M
Address 267 CHANNING CT
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name COTY, MARK E
Address 2007 145TH STREET EAST
City-State-Zip: BRADENTON FL 34212

Title DIRECTOR
Name AMON, LAWRENCE
Address 9024 TERRANOVA DRIVE
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name MACKENZIE, SHARON
Address 2603 NW 170TH ST.
City-State-Zip: NEWBERRY FL 32669

Title VP
Name CROSBY, DAVID
Address 1910 49TH STREET SW
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name ROQUE, HANNELLY
Address 3691 39TH AVE NE
City-State-Zip: NAPLES FL 34120

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****01/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date