

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F19249

Entity Name: BONNESS, INC.**Current Principal Place of Business:**1990 SEWARD AVE
NAPLES, FL 34109**Current Mailing Address:**1990 SEWARD AVE
P O BOX 9140
NAPLES, FL 34101 US**FEI Number:** 59-2055219**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILIE, KATHLEEN M
1990 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	ST
Name	BARATTA, JANE E
Address	4951 BONITA BAY BLVD UNIT 504
City-State-Zip:	BONITA SPRINGS FL 34134

Title	EVP
Name	JANCO, JEFF
Address	3535 29TH AVENUE SW
City-State-Zip:	NAPLES FL 34117

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

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

Title	D
Name	MACKENZIE, SHARON M
Address	2603 NW 170TH STREET
City-State-Zip:	NEWBERRY FL 32669

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

Title	D
Name	AMON, LAWRENCE
Address	9024 TERRANOVA DRIVE
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****09/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date