

**2025 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	Title	DIRECTOR, PRESIDENT
Name	BONNESS, MAUREEN S	Name	BAILIE, KATHLEEN M
Address	7390 ROOKERY LANE	Address	267 CHANNING CT
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34110
Title	DIRECTOR	Title	DIRECTOR
Name	COTY, MARK E	Name	AMON, LAWRENCE
Address	10234 MERRYMEETING BAY DRIVE	Address	3738 MADEIRA CT
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	NAPLES FL 34119
Title	DIRECTOR	Title	SECRETARY
Name	MACKENZIE, SHARON	Name	NOESIS, HANNELY
Address	2603 NW 170TH ST.	Address	3691 39TH AVE NE
City-State-Zip:	NEWBERRY FL 32669	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****02/05/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date