

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000008891

**Entity Name:** BONNIE J INC.**Current Principal Place of Business:**3278 CHAD BOURNE DRIVE  
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**3278 CHAD BOURNE DRIVE  
GREEN COVE SPRINGS, FL 32043**FEI Number:** 81-1226520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUELLER, BONNIE  
3278 CHAD BOURNE DRIVE  
GREEN COVE SPRINGS, FL 32043 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	P
Name	MUELLER, BONNIE
Address	3278 CHAD BOURNE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TRE
Name	MUELLER, BONNIE
Address	3278 CHAD BOURNE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	SEC
Name	MUELLER, BONNIE
Address	3278 CHAD BOURNE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	VP
Name	MUELLER, BONNIE
Address	3278 CHAD BOURNE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIR
Name	MUELLER, BONNIE
Address	3278 CHAD BOURNE DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

*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:** BONNIE MUELLER**PRESIDENT****03/07/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date