

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-21-2005 90086 027 ***150.00

ANNUAL REPORT

DOCUMENT # P98000001219

Entity Name
MACBONNER, INC.



Principal Place of Business
**5404 MARINA DR
 HOLMES BEACH, FL 34217**

Mailing Address
**5404 MARINA DR
 HOLMES BEACH, FL 34217**

66004344



Principal Place of Business		3. Mailing Address		01042005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0808396	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BONNER, JOY 5404 MARINA DR HOLMES BEACH, FL 34217			7. Name and Address of New Registered Agent		
Name Joy Bonner			Street Address (P.O. Box Number is Not Acceptable) 5404 Marina Drive		
City Holmes Beach			FL		Zip Code 34217

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *[Signature]* DATE: **01/19/05**

(NOTE: Registered Agent signature required when transacting)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/05		
R/E	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
D		Joy, BONNER			
PRESSWOOD, BONNER JOY		5404 Marina Dr			
5404 MARINA DR		Holmes Beach FL 34217			
HOLMES BEACH, FL 34217					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*