


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90034 034 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000001219

1. Entity Name
 MACBONNER, INC.



| | |
|---|---|
| Principal Place of Business 5404 MARINA DR HOLMES BEACH, FL 34217 | Mailing Address 5404 MARINA DR HOLMES BEACH, FL 34217 |
|---|---|

DO NOT WRITE IN THIS SPACE

60007476



01052006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0808396 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BONNER, JOY
 5404 MARINA DR
 HOLMES BEACH, FL 34217

**DO NOT WRITE
 IN THIS SPACE**

8. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

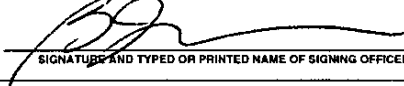
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOY, BONNER 5404 MARINA DR HOLMES BEACH, FL 34217 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01-24-06 9417787978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #