


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90252 004 ***150.00

DOCUMENT # M29301			
1. Entity Name HOMER & BONNER, P.A.			
Principal Place of Business 100 SE 2ND STREET 3400 BANK OF AMERICA TOWER MIAMI, FL 33131 US		Mailing Address 100 SE 2ND STREET 3400 BANK OF AMERICA TOWER MIAMI, FL 33131 US	
2. Principal Place of Business		3. Mailing Address <i>1441 BRICKELL AVE</i>	
Suite, Apt. #, etc. <i>1441 BRICKELL AVE # 1200</i>		Suite, Apt. #, etc. <i>SUITE 1200</i>	
City & State <i>MIAMI</i>		City & State <i>MIAMI</i>	
Zip <i>FL</i>	Country <i>33131</i>	Zip <i>FL</i>	Country <i>33131</i>
6. Name and Address of Current Registered Agent BONNER, R. LAWRENCE 3400 INTERNATIONAL PLACE 100 SE 2ND STREET MIAMI, FL 33131		4. FEI Number 59-2648226	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BONNER, LAWRENCE R. 130 CASVARINA CONCOURSE CORAL GABLES, FL 33143	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>130 CASUARINA CONCOURSE</i> <i>CORAL GABLES, FL. 33143</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HOMER, PETER W. 781 CORNOON BLVD., PIT S, OCAN CLUB III KEY BISCAWAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3485 Windmill Ranch Road</i> <i>WESTON, FL. 33331</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>For Homer V.P. Secy & Treas.</i>		Date: <i>4/26/04</i>	Daytime Phone #: <i>305350-5100</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #