

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039745

Entity Name: SHARON BONNET, P.A.

FILED  
Jul 19, 2004  
Secretary of State

**Current Principal Place of Business:**

121 GABRIEL CIRCLE, #2  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

121 GABRIEL CIRCLE, #2  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 03-0424657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWEIKHARDT, WILLIAM  
900 SIXTH AVE., SOUTH, STE. 203  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: [ ( ) Delete  
Name: BONNET, SHARON  
Address: 121 GABRIEL CR #2  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: [MRS (X) Change ( ) Addition  
Name: BONNET, SHARON  
Address: 121 GABRIEL CR #2  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHARON BONNET

MRS.

07/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date