

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000039745

**Entity Name:** SHARON BONNET, P.A.

**Current Principal Place of Business:**

121 GABRIEL CIRCLE,  
# 2  
NAPLES, FL 34104

**Current Mailing Address:**

121 GABRIEL CIRCLE, #2  
NAPLES, FL 34104

**FEI Number:** 03-0424657

**Certificate of Status Desired:** No

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

BONNET, SHARON  
121 GABRIEL CIRCLE  
# 2  
NAPLES, FL 34104 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            PRES  
Name            BONNET, SHARON  
Address        121 GABRIEL CR #2  
City-State-Zip: NAPLES FL 34104

*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:** SHARON BONNET

**PRESIDENT**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date