

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000054656

**Entity Name:** BONITA LYNN INC.

**Current Principal Place of Business:**

2524 GOLDENROD STREET, SARASOTA, FL, USA  
2524 GOLDENROD STREET  
SARASOTA, FL 34239

**Current Mailing Address:**

2524 GOLDENROD STREET, SARASOTA, FL, USA  
2524 GOLDENROD STREET  
SARASOTA, FL 34239 US

**FEI Number:** 85-2140823

**Certificate of Status Desired:** Yes

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

SCHIAVONE, BONITA L  
2524 GOLDENROD STREET, SARASOTA, FL, USA  
2524 GOLDENROD STREET  
SARASOTA, FL 34239 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 P, VP  
Name SCHIAVONE, BONITA LYNN  
Address 2524 GOLDENROD STREET,  
SARASOTA, FL, USA  
2524 GOLDENROD STREET  
City-State-Zip: SARASOTA FL 34239

Title SEC  
Name SCHIAVONE, BONITA LYNN  
Address 2524 GOLDENROD STREET,  
SARASOTA, FL, USA  
2524 GOLDENROD STREET  
City-State-Zip: SARASOTA FL 34239

Title TRES  
Name SCHIAVONE, BONITA LYNN  
Address 2524 GOLDENROD STREET,  
SARASOTA, FL, USA  
2524 GOLDENROD STREET  
City-State-Zip: SARASOTA FL 34239

*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:** BONITA SCHIAVONE

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date