


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M29301  
 1. Entity Name  
 HOMER BONNER, P.A.



Principal Place of Business      Mailing Address  
 1441 BRICKELL AVE #1200      1441 BRICKELL AVE #1200  
 MIAMI, FL 33131 US      MIAMI, FL 33131 US

**DO NOT WRITE IN THIS SPACE**



01162006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2648226      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BONNER, R. LAWRENCE  
 1441 BRICKELL AVE.  
 SUITE 1200  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PD BONNER, LAWRENCE R. 130 CASUARINA CONCOURSE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOMER, PETER W. 3485 WINDMILL RANCH RD. WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/27/06-80008-013 150.00

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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: Peter Homer      Date: 2/6/06      Daytime Phone #: 305-350-5139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR