


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2007 08:00 A
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



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2648226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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, 2007 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	

U00000699742
 04/19/07-80055-006 150.00

DO NOT WRITE IN THIS SPACE

SG

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:  3/26/07 (305)350-5132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #