

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117471

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** BONNIE L. SCHWEIGER, CPA, P.A.

**Current Principal Place of Business:**

2200 NW CORPORATE BLVD  
318  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

20287 MONTEVERDI CIRCLE  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 65-1079190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHWEIGER, BONNIE  
20287 MONTEVERDE CIRCLE  
BOCA RATON, FL 33498 US

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

SCHWEIGER, BONNIE  
20287 MONTEVERDI CIRCLE  
BOCA RATON, FL 33498 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

04/23/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SCHWEIGER, BONNIE L  
Address: 20287 MONTEVERDI CIRCLE  
City-St-Zip: BOCA RATON, FL 33498

Title: V  
Name: SCHWEIGER, STANLEY  
Address: 20287 MONTEVERDI CIRCLE  
City-St-Zip: BOCA RATON, FL 33498

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: BONNIE SCHWEIGER

Electronic Signature of Signing Officer or Director

P

04/23/2010

Date