

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 046 ***150.00

DOCUMENT # P03000010483					
1. Entity Name THE LAW OFFICE OF MICHAEL C. BONNELL, P.A.					
Principal Place of Business 117 TOWLES RD PALATKA, FL 32177			Mailing Address PO BOX 74 PALATKA, FL 32178		
2. Principal Place of Business 187 Carter Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Palatka, FL		City & State		4. FEI Number 20-0216290	
Zip 32177		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONNELL, MICHAEL C 123 KAREN CT PALATKA, FL 32177			7. Name and Address of New Registered Agent Name: Michael C. Bonnell Street Address (P.O. Box Number is Not Acceptable): 450 Tomoka Ave. City: Ormond Beach FL Zip Code: 32174		
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: DATE: 2-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNELL, MICHAEL C 123 KAREN CT PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael C. Bonnell 450 Tomoka Ave. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			Date: 2-13-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		