

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002126

Entity Name: BONNIE PULLARA, P.A.

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

6444 PAW PL  
LAND O LAKES, FL 346393912

**New Principal Place of Business:**

**Current Mailing Address:**

6444 PAW PL  
LAND O LAKES, FL 346393912

**New Mailing Address:**

FEI Number: 56-2423698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PULLARA, BONNIE  
6444 PAW PL  
LAND O LAKES, FL 346392912 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PULLARA, BONNIE  
Address: 6444 PAW PL  
City-St-Zip: LAND O LAKES, FL 346392912

Title: ST ( ) Delete  
Name: PULLARA, VINCENT  
Address: 6444 PAW PL  
City-St-Zip: LAND O LAKES, FL 346392912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE PULLARA

PRES

02/19/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date