

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000028

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** BONNIE L MEYO, P.A.

**Current Principal Place of Business:**

288 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

224 NW LISERON WAY  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

288 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

224 NW LISERON WAY  
PORT ST LUCIE, FL 34986

**FEI Number:** 20-2089898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYO, BONNIE L  
288 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986 US

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

MEYO, BONNIE L  
224 NW LISERON WAY  
PORT ST LUCIE, FL 34986 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:**

02/25/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MEYO, BONNIE  
**Address:** 224 NW LISERON WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

**Title:** VP  
**Name:** MEYO, FRANCIS J  
**Address:** 224 NW LISERON WAY  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

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 MEYO

P

02/25/2011

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

\_\_\_\_\_  
Date