

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062568

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** JOHN W. BONNER, D.D.S., P.A.

**Current Principal Place of Business:**

2600 WASHINGTON RD  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

1950 LAUREL MANOR DRIVE BUILDING 184  
BUILDING 184  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

7024 ARCADIAN CT  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

1950 LAUREL MANOR DRIVE BUILDING 184  
BUILDING 184  
THE VILLAGES, FL 32162 US

**FEI Number:** 59-3278701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONNER, JOHN W DDS  
7024 ARCADIA CT  
MOUNT DORA, FL 32757 US

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

BONNER, JOHN W  
130 WHITECAPS CIRCLE  
MAITLAND, FL 32751 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:** JOHN BONNER

02/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** BONNER, JOHN W  
**Address:** 130 WHITECAPS CIRCLE  
**City-St-Zip:** MAITLAND, FL 32751

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:** JOHN BONNER

DR

02/17/2010

Electronic Signature of Signing Officer or Director

Date