

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000052847

**Entity Name:** TAMMY BOHANNON, PA

**Current Principal Place of Business:**

913 GULF BREEZE PKWY, SUITE 24  
GULF BREEZE, FL 32561

**Current Mailing Address:**

P.O. BOX 1283  
GULF BREEZE, FL 32562

**FEI Number:** 55-0830509

**Certificate of Status Desired:** No

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

BOHANNON, TAMMY  
913 GULF BREEZE PARKWAY  
SUITE 24  
GULF BREEZE, FL 32561 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BOHANNON, TAMMY  
Address P.O. BOX 1283  
City-State-Zip: GULF BREEZE FL 32562

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:** TAMMY BOHANNON

**PRESIDENT**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date