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.

PRESIDENT

SIGNATURE: BONNIE LANNERS

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000086125

Entity Name: BONNIE LANNERS, P.A.

Current Principal Place of Business:

503 CORTEZ AVE BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

503 CORTEZ AVE BELLEAIR BLUFFS, FL 33770 US

FEI Number: 47-5351318

Name and Address of Current Registered Agent:

AMBROSE, PATRICK K 8600 113TH ST N SEMINOLE, FL 33772 US Certificate of Status Desired: No

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	PS	Title	т		
	Name	LANNERS, BONNIE	Name	LANNERS, BONNIE		
	Address	503 CORTEZ AVE	Address	503 CORTEZ AVE		
	City-State-Zip:	BELLEAIR BLUFFS FL 33770	City-State-Zip:	BELLEAIR BLUFFS FL 33770		

Date

03/21/2024