

**2021 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

**Certificate of Status Desired:** No

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

AMBROSE, PATRICK K  
10773 70TH AVE  
SEMINOLE, FL 33772 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 PS  
Name LANNERS, BONNIE  
Address 503 CORTEZ AVE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

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

*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 LANNERS

**PRESIDENT**

**03/26/2021**

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

\_\_\_\_\_  
Date