

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000030604

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**8646277585CC**

**Entity Name:** BONNIE C LANDRY AND ASSOCIATES, PA

**Current Principal Place of Business:**

615 SW SAINT LUCIE CRESCENT  
SUITE 201  
STUART, FL 34994

**Current Mailing Address:**

615 SW SAINT LUCIE CRESCENT  
SUITE 201  
STUART, FL 34994 US

**FEI Number:** 82-5080864

**Certificate of Status Desired:** Yes

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

LANDRY, BONNIE C  
615 SW SAINT LUCIE CRESCENT  
SUITE 201  
STUART, FL 34994 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 LANDRY, BONNIE C  
Address 336 SW RIDGE LANE  
City-State-Zip: STUART FL 34994

Title AUTHORIZED REPRESENTATIVE  
Name PLUMMER, RACHEL M  
Address 615 SW SAINT LUCIE CRESCENT  
SUITE 201  
City-State-Zip: STUART FL 34994

*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 LANDRY

**PRINCIPAL**

**01/15/2019**

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

\_\_\_\_\_  
Date