

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052085

FILED
Apr 03, 2009
Secretary of State

Entity Name: BRONSTEIN, CARLSON, GLEIM, SHASTEEN & SMITH, P.A.

Current Principal Place of Business:

150 2ND AVE N
STE 1100
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

150 2ND AVE N
STE 1100
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3256800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSTEIN, JOEL D
150 2ND AVE N
STE 1100
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CARLSON, SUSAN W
Address: 1301 PASS A GRILLE WAY
City-St-Zip: ST PETERSBURG, FL

Title: DVP () Delete
Name: GLEIM, HOLGER D
Address: 17580 GULF BLVD #408
City-St-Zip: REDINGTON SHORES, FL 33708

Title: DVP () Delete
Name: SMITH, THOMAS B
Address: 902 MARCO DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: DP () Delete
Name: BRONSTEIN, JOEL D
Address: 1303 PASS A GRILLE WAY
City-St-Zip: ST PETERSBURG, FL

Title: DVP () Delete
Name: SHASTEEN, PHILIP M
Address: 2920 HARBORVIEW DR W
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN W. CARLSON

SEC

04/03/2009

Electronic Signature of Signing Officer or Director

Date