


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000067809	
1. Entity Name BALES & SOMMERS, P.A.	

Principal Place of Business 601 BRICKELL KEY DRIVE 702 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE 702 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1028822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALES, RICHARD M JR. 601 BRICKELL KEY DRIVE SUITE 702 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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8. 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, and is familiar with and accepts the obligations of registered agent.

03/08/04-80031-024 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000078601 03/08/04-80031-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, MARA BETH NINE ISLAND AVE., #1403 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALES, RICHARD M JR. 601 BRICKELL KEY DRIVE SUITE 702 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/26/04** **785-392-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *