

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 600298

1. Entity Name
 MICHAEL O. ABDONEY P. A.



Principal Place of Business

4014 W ESTRELLA ST
 TAMPA, FL 33629

Mailing Address

4014 W ESTRELLA ST
 TAMPA, FL 33629



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1197844 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABDONEY, MICHAEL O
 4014 W ESTRELLA ST
 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

1100000506360
 04/27/06-80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE: PDT
 NAME: ABDONEY, MICHAEL O
 STREET ADDRESS: 4014 W ESTRELLA ST
 CITY-ST-ZIP: TAMPA, FL 33629

TITLE: V
 NAME: ABDONEY, MICHAEL L
 STREET ADDRESS: 4014 W. ESTRELLA STREET
 CITY-ST-ZIP: TAMPA, FL 33629

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 exemptions contained 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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
 Date

Daytime Phone #