

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000001094

1. Entity Name
A BALES WEINSTEIN PROFESSIONAL ASSOCIATION



FILED
06 AUG 25 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

625 E TWIGGS ST
STE 100
TAMPA, FL 33602

Mailing Address

625 E TWIGGS ST
STE 100
TAMPA, FL 33602

2. Principal Place of Business

9700 Dr. Martin Luther King Jr. St. N.

Suite, Apt. #, etc.

Suite 400

City & State

St. Petersburg, FL

Zip

33702

Country

USA

3. Mailing Address

9700 Dr. Martin Luther King Jr. St. N.

Suite, Apt. #, etc.

Suite 400

City & State

St. Petersburg, FL

Zip

33702

Country

USA



08172006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3618900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, DAVID B ESQ
625 E TWIGGS ST
SUITE 100
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

John C. Bales

Street Address (P.O. Box Number is Not Acceptable)

9700 Dr. Martin Luther King Jr. St. North

Suite 400

City

St. Petersburg

FL

Zip Code

33702

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

John C. Bales

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VDT
NAME BALES, JOHN C
STREET ADDRESS 625 E TWIGGS ST STE 100
CITY-ST-ZIP TAMPA, FL 33602 ☒ Delete

TITLE PDS
NAME WEINSTEIN, DAVID B
STREET ADDRESS 625 E TWIGGS ST STE 100
CITY-ST-ZIP TAMPA, FL 33602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

8/28/25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME John C. Bales
STREET ADDRESS 9700 Dr. Martin Luther King Jr. St. N. #400
CITY-ST-ZIP St. Petersburg, FL 33702 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

200079522502
09/06/06--01037--005 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John C. Bales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06 (813)224-9100

Date

Daytime Phone #