

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000162242**

1. Entity Name  
**PATRICK M. ABULONE, P.A.**



Principal Place of Business  
**5000 GULF BLVD  
#802  
SAINT PETERSBURG, FL 33706**

Mailing Address  
**400 COREY AVENUE 2ND FLOOR  
ST PETE BEACH, FL 33706**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3948853</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCNAMARA, TERRANCE P ESQ  
400 COREY AVENUE 2ND FLOOR  
ST PETE BEACH, FL 33706**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000586169  
01/16/07-80041-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABULONE, PATRICK M
STREET ADDRESS	5000 GULF BLVD., #802
CITY-ST-ZIP	ST PETE BEACH, FL 33706

TITLE	PVST
NAME	ABULONE, PATRICK M
STREET ADDRESS	5000 GULF BLVD., #802
CITY-ST-ZIP	ST PETE BEACH, FL 33706

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.12.07

Date

727.340.3344

Daytime Phone #