

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90359 025 ***150.00

DOCUMENT # P94000052085

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



Principal Place of Business
**150 2ND AVE N
STE 1100
ST PETERSBURG, FL 33701 US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3256800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARLSON, SUSAN W 1301 PASS A GRILLE WAY ST PETERSBURG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GLEIM, HOLGER D 870 SAND PINE DR NE ST PETERSBURG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, THOMAS B 902 MARCO DR. NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRONSTEIN, JOEL D 1303 PASS A GRILLE WAY ST PETERSBURG, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Shasteen, Philip M. 2920 HarborView Drive W. Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ann W. Carlson 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40050302
BRONSTEIN, CARLSON, GLEIM & SMITH, P.A. #P94000052085

Joel D. Bronstein
Board Certified in Tax Law

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Board Certified in Health Law

Refer to File No.

Writer's Direct Dial No.
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April 14, 2006

Division of Corporations
Uniform Business Reports
Caller Service #1500
Tallahassee, Florida 32302-1500

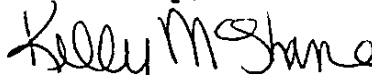
RE: Bronstein, Carlson, Gleim, Shasteen & Smith, P.A.

Gentlemen:

On behalf of the referenced corporation, I enclose the 2006 Uniform Business Report, along with our check in the amount of \$150.00, representing the filing fee.

Please acknowledge receipt and filing of this Annual Report by stamping the extra copy of the report provided and returning same to the undersigned.

Sincerely,



Kelly McShane
Legal Assistant to
Thomas B. Smith

/km
Encs.