

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01032008 No 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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	CARLSON, SUSAN W
STREET ADDRESS	1301 PASS A GRILLE WAY
CITY-STATE-ZIP	ST PETERSBURG, FL
TITLE	DVP
NAME	GLEIM, HOLGER D
STREET ADDRESS	17580 GULF BLVD #408
CITY-STATE-ZIP	REDINGTON SHORES, FL 33708
TITLE	DVP
NAME	SMITH, THOMAS B
STREET ADDRESS	902 MARCO DR. NE
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33702
TITLE	DP
NAME	BRONSTEIN, JOEL D
STREET ADDRESS	1303 PASS A GRILLE WAY
CITY-STATE-ZIP	ST PETERSBURG, FL
TITLE	DVP
NAME	SHASTEEN, PHILIP M
STREET ADDRESS	2920 HARBORVIEW DR W
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/01/08-80059-005 150.00

**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:

Joel D Bronstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

Date

Daytime Phone #