

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # 644842</b> 1. Entity Name <b>MICHAEL F. PETRIE, D.C. P.A.</b>																																																																							
Principal Place of Business <b>410 N.E. 44TH STREET OAKLAND PARK FL 33334</b>			Mailing Address <b>410 N.E. 44TH STREET OAKLAND PARK FL 33334</b>																																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																				
City & State			City & State																																																																				
Zip		Country		4. FEI Number <b>59-1950084</b>																																																																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																					
6. Name and Address of Current Registered Agent  <b>PETRIE, MICHAEL F. 410 N.E. 44TH STREET OAKLAND PARK FL 33334</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																			
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.				Applied For Not Applicable																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																							
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PVT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>PETRIE, MICHAEL F.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>410 N E 44TH ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND PARK FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3" style="height: 40px;"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	PETRIE, MICHAEL F.		NAME			STREET ADDRESS	410 N E 44TH ST		STREET ADDRESS			CITY-ST-ZIP	OAKLAND PARK FL		CITY-ST-ZIP																																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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																																																																							