


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 045 \*\*\*150.00

<b>DOCUMENT # H48793</b> 1. Entity Name WARREN K. CARLYLE, D.C., P.A.	
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Principal Place of Business 3181 NW 13TH ST GAINESVILLE, FL 32609-186 US	Mailing Address WARREN K. CARLYLE, D.C., P.A. 3181 NW 13TH STREET GAINESVILLE, FL 32609 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**60015201**

01192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2558420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIDSKY, HOWARD 824 E UNIVERSITY AVE GAINESVILLE, FL 32601	7. Name and Address of New Registered Agent Name <u>A. Scott Toney</u> Street Address (P.O. Box Number is Not Acceptable) <u>804 NW 16th Avenue</u> <u>Pecan Park, Suite B</u> City <u>Gainesville</u> FL Zip Code <u>32601</u>
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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] DATE 1/19/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLYLE, WARREN K., JR. 3181 NW 13TH STREET GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Warren K. Carlyle D.C., P.A. DATE 1/19/06 DAYTIME PHONE # 352 3380095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR