


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J95883</b>		
1. Entity Name STRUBBE CHIROPRACTIC CLINIC, P.A.		
Principal Place of Business 5687 PARK BLVD PINELLAS PARK, FL 33781 US	Mailing Address 5687 PARK BLVD PINELLAS PARK, FL 33781 US	



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2846404	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STRUBBE, JAMES M 5687 PARK BLVD PINELLAS PARK, FL 33781
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000339293  
04/28/05-80071-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS STRUBBE, JAMES M. 1024 CHERRY ST., N.E. ST. PETERSBURG, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

287 541 6900

Date

Daytime Phone #