


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J95883</b> 1. Entity Name STRUBBE CHIROPRACTIC CLINIC, P.A.	
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Principal Place of Business 5687 PARK BLVD PINELLAS PARK, FL 33781 US	Mailing Address 5687 PARK BLVD PINELLAS PARK, FL 33781 US
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01172006 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_

<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"/> <b>\$5.00</b> May Be Added to Fees	
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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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01/31/06-80024-013 150.00

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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 that is not like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_