

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # J95883

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2846404**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
STRUBBE, JAMES M.
1024 CHERRY ST., N.E.
ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STRUBBE, JAMES M.
1024 CHERRY ST., N.E.
ST. PETERSBURG FL ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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 of the above empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-07

797 541 6800

Date

Daytime Phone #