

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90023 043 \*\*\*150.00

**DOCUMENT # K45999**

1. Entity Name

SANDRA ROBERTS, D.C., P.A.



Principal Place of Business

22 N JOHN YOUNG PKWY.  
KISSIMMEE FL 34741  
US

Mailing Address

22 N JOHN YOUNG PKWY.  
KISSIMMEE FL 34741  
US



2. Principal Place of Business

22 N John Young Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-2921708

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, SANDRA  
22 N. JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741

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 reinstating)

DATE

**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. ☐

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

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME ROBERTS, JOHN GREGORY  
STREET ADDRESS 7960 HAPPY TRAILS  
CITY-ST-ZIP KISSIMMEE FL 34746

VP ☒ Delete  
NAME HANCOCK, PAUL D  
STREET ADDRESS 8795 RENS TRL.  
CITY-ST-ZIP KISSIMMEE FL 34747

P ☐ Delete  
NAME ROBERTS, SANDRA  
STREET ADDRESS 22 N. JOHN YOUNG PARKWAY  
CITY-ST-ZIP KISSIMMEE FL 34741

D ☐ Delete  
NAME WAYHAM, BRUCE  
STREET ADDRESS 2918 BRIARGROVE  
CITY-ST-ZIP SAN ANGELO TX 76904

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Sandra Roberts 1/20/06 4078496788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #