

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State

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02092006 Chg-P CR2E034 (11/05)

DOCUMENT # K96290 1. Entity Name STEVEN E. BYRNE CHIROPRACTIC, P.A.					
Principal Place of Business 8835 49 ST NORTH STE 5 PINELLAS PARK, FL 33782 US			Mailing Address 8260 27TH AVE. N. ST. PETERSBURG, FL 33710-2806 US		
2. Principal Place of Business 8831 49 St North Suite, Apt. #, etc. Suite 5 City & State Pinellas Park, FL			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33782 Country USA		
4. FEI Number 59-2963421			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BYRNE, DEBRA S 8260 27TH AVE NORTH ST. PETERSBURG, FL 33709			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BYRNE, STEVEN E. M.S.D.C 8260 27TH AVE NORTH ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRYNE, DEBRA 8260 27TH AVENUE NORTH ST PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u><i>Dr Steven Byrne</i></u> <u>2-9-06</u> (727) 541-1111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					