


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 025 ***158.75

DOCUMENT # P04000078711 1. Entity Name CULLUM CHIROPRACTIC CENTERS, INC.					
Principal Place of Business 920 THIRD STREET SUITE D NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET SUITE D NEPTUNE BEACH, FL 32266		
2. Principal Place of Business 1427 South Third Street		3. Mailing Address 1427 South Third Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville Beach FL		City & State Jacksonville Beach, FL		4. FEI Number 74-3121744	
Zip 32250		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32250		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOULD, STEPHEN A 920 THIRD STREET SUITE D NEPTUNE BEACH, FL 32266				7. Name and Address of New Registered Agent Name Dr. Foster J. Cullum Street Address (P.O. Box Number is Not Acceptable) 1427 South Third Street City Jacksonville Beach FL Zip Code 32250	
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  DATE 3/6/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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	PST CULLUM, FOSTER IV 130 4TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Cullum, Foster 1427 South Third Street Jacksonville Beach, FL 32250
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.					
SIGNATURE: 				Date 3/6/06 Daytime Phone #	