

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 002 ***150.00

DOCUMENT # P05000139521 1. Entity Name DEERWOOD LAKE CHIROPRACTIC, INC.					
Principal Place of Business 4540 SOUTHSIDE BLVD 1101 JACKSONVILLE, FL 32216 US			Mailing Address 4540 SOUTHSIDE BLVD 1101 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3606341	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HANOPOLE, ROBERT J 8320 WEST SUNRISE BLVD 111 PLANTATION, FL 33322				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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/3/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P FORT, ANTHONY 4540 SOUTHSIDE BLVD #1101 JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORT, ANTHONY 3530 BRIDGEWOOD DR. JACKSONVILLE, FL 32277	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUPO, GARY 4540 SOUTHSIDE BLVD #1101 JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUPO, GARY 820 BAYTREE LANE PONTE VEDRA BEACH, FL 32082	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HANOPOLE, ROBERT J 8320 WEST SUNRISE BLVD PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HANOPOLE, ROBERT 9894 SAVONA WINDS DRIVE DELRAY BEACH, FL 33446	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>Gary Trupo</u> Date		
4/29/06			904-996-8660 Daytime Phone #		

50018294



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