

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019029

Entity Name: HOBBS CHIROPRACTIC INC.

FILED  
Mar 16, 2010  
Secretary of State

**Current Principal Place of Business:**

5627 GULFPORT BLVD S  
GULFPORT, FL 33707

**New Principal Place of Business:**

5760 11TH AVE N.  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5627 GULFPORT BLVD S  
GULFPORT, FL 33707

**New Mailing Address:**

5760 11TH AVE N.  
ST. PETERSBURG, FL 33710

FEI Number: 02-0772201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOBBS, DAVID T  
5627 GULFPORT BLVD S  
GULFPORT, FL 33707 US

**Name and Address of New Registered Agent:**

HOBBS, DAVID T  
5760 11TH AVE N.  
ST. PETERSBURG, FL 33710 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOBBS, DAVID T  
Address: 5760 11TH AVE N.  
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID T. HOBBS

D

03/16/2010

Electronic Signature of Signing Officer or Director

Date