2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000028199

Entity Name: STARKE CHIROPRACTIC INC

Current Principal Place of Business:

12622 NW 244TH TERRACE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

225 SOUTH ORANGE STREET
STARKE, FL 32091

Current Mailing Address:

12622 NW 244TH TERRACE
HIGH SPRINGS, FL 32643

New Mailing Address:

225 SOUTH ORANGE STREET
STARKE, FL 32091

FEI Number: 26-2199969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAUGHTER, MARTIN E
12622 NW 244TH TERRACE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SLAUGHTER, MARTIN E
Address: 12622 NW 244TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SLAUGHTER, MARTIN E
Address: 12622 NW 244TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN SLAUGHTER PRES 04/29/2009

Electronic Signature of Signing Officer or Director Date