

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000015797

1. Entity Name

KYLE FURBEE, D.C., P.A.



Principal Place of Business

314 PARKVIEW PL
LAKELAND, FL 33805

Mailing Address

314 PARKVIEW PLACE
LAKELAND, FL 33805



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3166112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURBEE, KYLE
314 PARKVIEW PLACE
LAKELAND, FL 33805

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FURBEE, KYLE DC
STREET ADDRESS 314 PARKVIEW PLACE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE VS
NAME FURBEE, CURT W D.C.
STREET ADDRESS 314 PARKVIEW PLACE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000828694
02/26/08-80010-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08
Date

863 800 8855
Daytime Phone #