


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90082 045 \*\*\*150.00

<b>DOCUMENT # P93000078343</b>	
<b>1. Entity Name</b> JULIE ANN STUBER, D.C., C.C.S.P., C.C.R.D., P.A.	

<b>Principal Place of Business</b> 2220 E IRLO BRONSON MEMORIAL HWY STE 9 KISSIMMEE FL 34744 US	<b>Mailing Address</b> 2220 E IRLO BRONSON MEMORIAL HWY STE 9 KISSIMMEE FL 34744 US
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<b>2. Principal Place of Business</b> 4435 13th Street	<b>3. Mailing Address</b> 4435 13th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> St Cloud, FL	<b>City &amp; State</b> St. Cloud, FL
<b>Zip</b> 34769	<b>Country</b> United States

<b>4. FEI Number</b> 59-3217678	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> STUBER, JULIE A 4435 13TH STREET ST. CLOUD FL 34769	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> STUBER, JULIE ANN D.C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STUBER, JULIE ANN D.C.		<b>NAME</b> 4435 13th Street	
<b>STREET ADDRESS</b> 2220 E IRLO BRONSON MEMORIAL HWY, STE 9		<b>STREET ADDRESS</b> St. Cloud, FL 34769	
<b>CITY-ST-ZIP</b> KISSIMMEE FL 34744		<b>CITY-ST-ZIP</b> St. Cloud, FL 34769	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
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<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **JULIE ANN STUBER, D.C.** **4/2/04** **407-957-9995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #