


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90070 032 \*\*\*150.00

<b>DOCUMENT # P94000090747</b>	
1. Entity Name <b>DANIEL SCHLUEB D.C. P.A.</b>	

Principal Place of Business <b>2727 S. TAMIAMI TRAIL SUITE 3 SARASOTA FL 34239</b>	Mailing Address <b>4022 SARASOTA AVE. <del>SUITE 4</del> SARASOTA FL <del>34239</del></b>
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MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address <b>4022 SARASOTA AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>SARASOTA FL</b>	
Zip	Country	Zip	Country
<b>34234</b>	<b>USA</b>	<b>34234</b>	<b>USA</b>

4. FEI Number <b>65-0541372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>SCHLUEB, DANIEL D.C. 4022 SARASOTA AVE. <del>SUITE 4</del> SARASOTA FL <del>34239</del></b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>SCHLUEB DANIEL D.C.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4022 SARASOTA AVE.</b>
City <b>SARASOTA FL 34234</b>

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>	9. Election Campaign Financing 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHLUEB, DANIEL DCPA 4022 SARASOTA AVE. SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Daniel Schlueb DCPA **DANIEL SCHLUEB DCPA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-23-04 Daytime Phone # 941-365-4343