

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90060 049 ***150.00

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1. Entity Name
DANIEL SCHLUEB D.C. P.A.



Principal Place of Business
**2727 S. TAMiami TRAIL
SUITE 3
SARASOTA, FL 34239**

Mailing Address
**4022 SARASOTA AVE
SARASOTA, FL 34234**

50013531



01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0541372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHLUEB, DANIEL D.C.
4022 SARASOTA AVE.
~~SUITE 4~~
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name **SCHLUEB DANIEL D.C.**

Street Address (P.O. Box Number is Not Acceptable)

4022 SARASOTA AVE

City **SARASOTA** FL Zip Code **34234**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHLUEB, DANIEL DCPA
4022 SARASOTA AVE.
SARASOTA, FL 34234** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ 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, DANIEL SCHLUEB 02-02-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-941-365-4343