

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90389 042 \*\*\*150.00

**DOCUMENT # P94000094156**

**1. Entity Name**  
**DEPREY CHIROPRACTIC, P.A.**



**Principal Place of Business**

**2180 A1A SO**  
**100**  
**SAINT AUGUSTINE, FL 32080 US**

**Mailing Address**

**3824 HICKORY LN**  
**SAINT AUGUSTINE, FL 32086 US**

14016000



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3298670**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**PARSONS, MARK E**  
**1510 N. PONCE DE LEON BLVD.**  
**ST. AUGUSTINE, FL 32084**

**DO NOT WRITE**  
**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, 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**  
**D**  
**DEPREY, ALLEN M D.C.**  
**2225 A1A S STE C8**  
**ST. AUGUSTINE, FL 32084**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALLEN M. DEPREY D.C.**  
Date

**4-27-05**  
Daytime Phone #