

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000094156

1. Entity Name  
DEPREY CHIROPRACTIC, P.A.



Principal Place of Business  
2180 A1A SO  
SUITE 100  
SAINT AUGUSTINE, FL 32080 US

Mailing Address  
3824 HICKORY LN  
SAINT AUGUSTINE, FL 32086 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country

**FILED  
Apr 26, 2006 8:00 am  
Secretary of State**

04-26-2006 90193 006 \*\*\*150.00

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04202006 Chg-P CR2E034 (11/05)  
4. FEI Number  
59-3298670  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

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

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

**7. Name and Address of New Registered Agent**

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

**FL** Zip Code

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, 2006 Fee will be \$550.00**

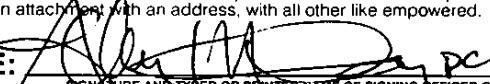
9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPREY, ALLEN M D.C. 2225 A1A S STE C8 ST. AUGUSTINE, FL 32084	<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 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

4-21-06

Date

Daytime Phone #