

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90271 035 ***150.00

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1. Entity Name

DEBRA K. NAGURNEY, D.C., P.A.



Principal Place of Business

12300 ALT A1A

SUITE 119

PALM BEACH GARDENS, FL 33418 US

Mailing Address

12300 ALT A1A

SUITE 119

PALM BEACH GARDENS, FL 33418 US

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0630207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEBRA K. NAGURNEY D.C.

~~5693 GOLDEN EAGLE CIRCLE~~ 8187 S.E. COCONUT ST.

~~PALM BEACH GARDENS, FL 33418~~

HOBBS SOUND, FL 33455

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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

NAGURNEY, DEBRA K D

~~5693 GOLDEN EAGLE CIRCLE~~ 8187 S.E. COCONUT ST.

~~PALM BEACH GARDENS, FL~~ HOBBS SOUND, FL 33455

TITLE

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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 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

Date

Daytime Phone #