


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000014006

1. Entity Name
CLIFFORD F. PETERS, D.C., P.A.



Principal Place of Business Mailing Address
6909 STATE ROAD 54 **6909 STATE ROAD 54**
NEW PORT RICHEY FL 34653 **NEW PORT RICHEY FL 34653**



MOORE CR2E034 (11/03)

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 **59-3368326** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, CLIFFORD F
6909 STATE ROAD 54
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

B. 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 reorganizing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	PETERS, CLIFFORD F	
STREET ADDRESS	6909 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETERS, MARY	
STREET ADDRESS	6909 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Clifford F. Peters* **CLIFFORD F. PETERS D.C.** 2-9-04 727-848-1967

DATE DAYTIME PHONE #