2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000014006 CLIFFORD F. PETERS, D.C., P.A.



FILED Mar 01, 2005 08:00 AM **Secretary of State**

Principal Place of Business

6909 STATE ROAD 54 **NEW PORT RICHEY, FL 34653** Mailing Address

6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653



02142005

No Chg-P

CR2E034 (10/03)

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

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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 NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campain				ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					·	
TITLE	DPT			ľ		}
NAME	PETERS, CLIFFORD F					{
STREET ADDRESS 6909 STATE ROAD 54						\
CITY-ST-78P	IV-ST-200 NEW PORT PICHEY EL 34653			1		- H0000042476H1 1

S TITLE HAME PETERS, MARY STREET ADDRESS 6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653 CITY-ST-ZIP TITLE

03/01/05-80029-021 150,00

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1). 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:

NAME STREET ADDRESS

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

CITY-ST-ZIP

CLIFFORD F. PETERS DC147X L-W-OS 727-848-5967