


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 018 ***150.00

DOCUMENT # P96000014006 1. Entity Name CLIFFORD F. PETERS, D.C., P.A.					
Principal Place of Business 6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653			Mailing Address 6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653		
2. Principal Place of Business - No P.O. Box # 8004 CHADWICK DR		3. Mailing Address 8004 CHADWICK DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NEW PORT RICHEY FL		City & State NEW PORT RICHEY FL		4. FEI Number 59-3368326	
Zip 34654		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 MARY L. PETERS Street Address (P.O. Box Number is Not Acceptable) 8004 CHADWICK DRIVE City NEW PORT RICHEY FL Zip Code 34654		
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 <i>Mary Lynn Peters</i> DATE <i>4-8-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT PETERS, CLIFFORD F 6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, MARY 6909 STATE ROAD 54 NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8004 CHADWICK DRIVE BROOKSVILLE FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Mary Lynn Peters</i> MARY L. PETERS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-8-08</i> Daytime Phone # <i>727-849-7303</i>		