

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000028299

1. Entity Name  
HARTLEY CHIROPRACTIC, P.A.



Principal Place of Business  
1027 A1A BEACH BLVD  
ST AUGUSTINE, FL 32084

Mailing Address  
1027 A1A BEACH BLVD  
ST AUGUSTINE, FL 32084

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3375448	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HARTLEY, J E  
1027 A1A BEACH BLVD  
ST AUGUSTINE, FL 32084

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HARTLEY, J E  
STREET ADDRESS 215 OGLE THORPE BLVD  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

U000000552453  
05/15/06-80012-015 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

4/27/06 904-460-0282

Date

Daytime Phone #