

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001488

FILED
Mar 06, 2006
Secretary of State

Entity Name: STEIGER CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

682 5TH ST
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 979
CHIPLEY, FL

New Mailing Address:

P O BOX 979
CHIPLEY, FL 32428

FEI Number: 59-3434122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUQUA, H MATTHEW
4450 LAFAYETTE ST
MARIANNA, FL 32447 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEIGER, STUART
Address: P O BOX 979
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: STEIGER, CONNIE
Address: P O BOX 979
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE STEIGER

D

03/06/2006

Electronic Signature of Signing Officer or Director

Date