

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000059702

1. Entity Name

HUGH H. ROBERTS, D.C., P.A.



Principal Place of Business

905 SOUTH MISSOURI AVENUE
LAKELAND, FL 33803

Mailing Address

905 SOUTH MISSOURI AVENUE
LAKELAND, FL 33803



01132006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3457288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, HUGH H D.C.
905 SOUTH MISSOURI AVENUE
LAKELAND, FL 33803

**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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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: PST
NAME: ROBERTS, HUGH H D.C.
STREET ADDRESS: 905 SOUTH MISSOURI AVENUE
CITY- ST- ZIP: LAKELAND, FL 33803

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

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STREET ADDRESS:
CITY- ST- ZIP:

11010000399002
01/31/06-60022-008 150.00

**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

Date

Daytime Phone #