

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90064 025 \*\*\*150.00

**DOCUMENT # P98000075787**

1. Entity Name  
**DOUGLAS D. WEBER, D.C., P.A.**



Principal Place of Business  
**6300 N. WICKHAM ROAD  
#117  
MELBOURNE, FL 32940**

Mailing Address  
**6300 N. WICKHAM ROAD  
#117  
MELBOURNE, FL 32940**

**DO NOT WRITE IN THIS SPACE**

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3486187**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBER, DOUGLAS D**  
**710 MISSOURI STREET**  
**MELBOURNE, FL 32904**  
*708 Bay View Crt  
Melbourne FL 32940*

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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]* **2-15-05**  
Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>WEBER, DOUG</b>
STREET ADDRESS	<b>710 MISSOURI STREET</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>
TITLE	<i>708 Bay View Crt Melbourne FL 32940</i>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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]* **2-15-05** **324-259-0090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #