


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000034542 1. Entity Name DR. PEPPER CHIROPRACTIC-ACUPUNCTURE CENTER, PA	
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Principal Place of Business 2827 ALT 27 SOUTH SEBRING, FL 33870	Mailing Address 2827 ALT 27 SOUTH SEBRING, FL 33870
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01292005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEPPER, KELLY M 2827 ALT 27 SOUTH SEBRING, FL 33870

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 resigning) 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 NAME STREET ADDRESS CITY-ST-ZIP	P PEPPER, L. JOHN 2827 A H 27 S SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER, KELLY M 2827 A H 27 S SEBRING, FL 33870
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<p>1100000417181 02/13/06-80043-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **1/31/06** Vice President **1/31/06 (863) 386-4325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #