

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # S95256

1. Entity Name
RICHARD R. SHAKER, D.C., PA



Principal Place of Business
**3314 HENDERSON BLVD
203
TAMPA, FL 33609 US**

Mailing Address
**3314 HENDERSON BLVD.
203
TAMPA, FL 33609 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3102942

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAKER, RICHARD R
3314 HENDERSON BLVD
STE 203
TAMPA, FL 33609**

**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, 2005 Fee will be \$550.00**

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

000000203682
01/29/05-80040-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAKER, RICHARD R 3314 HENDERSON BLVD, 203 TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAKER-KNOPP, LISA 729 GRAND CAYNON DRIVE VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABRAHAM, NANCY 3314 HENDERSON BLVD. #203 TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 OF TYPED OR PRINTED NAME OF SIGNER OF SUBSCRIPTION

Date

Daytime Phone #

1/26/05 (812) 896-9552