

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007326

FILED
Mar 03, 2009
Secretary of State

Entity Name: HANKISON FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

1455 S. FERDON BOULEVARD, SUITE D-2
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

1455 S. FERDON BOULEVARD, SUITE D-2
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 26-2457700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKISON, JAMES F
6212 SHIRE LANE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

HANKISON, HEATHER R
501 WINGSPAN WAY
CRESTVIEW, FL 32536 US

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: HEATHER R. HANKISON

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANKISON, JAMES F
Address: 6212 SHIRE LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HANKISON, HEATHER R
Address: 501 WINGSPAN WAY
City-St-Zip: CRESTVIEW, FL 32536

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 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: HEATHER R. HANKISON

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date