


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 689305	
1. Entity Name THE MALLORY CHIROPRACTIC CLINIC, P.A.	

Principal Place of Business 1033 SQ. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114	Mailing Address 1033 SQ. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2029688	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 MALLORY, DAVID A 1033 SQ. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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**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 _____ (NOTE: Registered Agent signature required when 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALLORY, DAVID A 1033 S RIDGEWOOD AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALLORY, CLAUDIA A 1033 SOUTH RIDGEWOOD AVE. DAYTONA BEACH, FL 32114
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05/12/06-80001-018 150.00

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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: DAVID A MALLORY 4/26/06 386-248-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/25/06: HEB: a