


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90298 021 ***150.00

DOCUMENT # G30892

1. Entity Name
MCKEON CHIROPRACTIC CLINIC, P.A.



Principal Place of Business: 2433 STATE RD 60 EAST
LAKE WALES, FL 33898 US

Mailing Address: 2433 STATE RD 60 EAST
LAKE WALES, FL 33898 US

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2273066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEON, MARK J.
2433 STATE RD 60 E
LAKE WALES, FL 33898

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PDT
NAME	MCKEON, MARK J
STREET ADDRESS	2433 STATE RD 60 E
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	VDS
NAME	MCKEON, MARK J. MCKEON, JR., Thomas D.
STREET ADDRESS	2433 STATE RD 60 E
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Mark J. McKeon* Mark J. McKeon *4-12-2006* (883)676-2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #