


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G30892
 1. Entity Name
 MCKEON CHIROPRACTIC CLINIC, P.A.



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

DO NOT WRITE IN THIS SPACE



02082007 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: *Mark J. McKeon, P.A.* DATE: *4-16-2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PDT MCKEON, MARK J. 2433 STATE RD 60 E LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MCKEON, JR, THOMAS P 2433 STATE RD 60 E LAKE WALES, FL 33898
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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, P.A.* DATE: *4-16-2007* DAYTIME PHONE #: *(863)676-2717*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR