

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G37688

1. Entity Name
CHEATWOOD CHIROPRACTIC OFFICES, P.A.



Principal Place of Business
**737 S. MISSOURI AVE.
LAKELAND, FL 33815**

Mailing Address
**737 S. MISSOURI AVE.
LAKELAND, FL 33815**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2292369	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEATWOOD, CHRIS W.
737 S. MISSOURI AVE.
LAKELAND, FL 33815**

**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 retreating)

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

1100000522278
05/03/06-80023-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CHEATWOOD, CHRIS W.
STREET ADDRESS	737 S. MISSOURI AVE.
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	V
NAME	CHEATWOOD, DR. CHIRS W.
STREET ADDRESS	737 S. MISSOURI AVE.
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Chris W. Cheatwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/06

Date

(863)680-1064

Daytime Phone #