

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # G37688

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



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

Mailing Address
**737 S. MISSOURI AVE.
LAKE LAND, FL 33815**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

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.
LAKE LAND, 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000304164
05/01/08-80001-025 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08 (863)680-1064

Date

Daytime Phone #