


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L49156 1. Entity Name PREISS CHIROPRACTIC & ACUPUNCTURE CENTER, INC.	
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Principal Place of Business 19050 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 US	Mailing Address 19050 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931 US
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DO NOT WRITE IN THIS SPACE



08312007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0168101	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PREISS, DAVID 19050 SAN CARLOS BLVD. FORT MYERS BEACH, FL 33931
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 09/05/07-90002-002 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREISS, DAVID 19050 SAN CARLOS BLVD. FT. MYERS BEACH, FL
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TITLE NAME STREET ADDRESS 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: David Preiss **8/31/07** **239-765-0660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #