


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000000365	
1. Entity Name PRO SPORTS & SPINE, INC.	
	
Principal Place of Business 1355 37TH STREET SUITE 301 VERO BEACH, FL 32960	Mailing Address 1355 37TH STREET SUITE 301 VERO BEACH, FL 32960



05292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0968857	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

**DO NOT WRITE
IN THIS SPACE**

COLTON, REBECCA B CPA
1575 INDIAN RIVER BLVD
SUITE C-240
VERO BEACH, FL 32960

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 \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WERNICKI, PETER G
STREET ADDRESS	11840 SEAVIEW DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	BENJAMIN, JOHNNY C
STREET ADDRESS	8120 SEACREST DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	TALLEY, M. CHRISTOPHER
STREET ADDRESS	312 CONN WAY
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80071-001 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-08 772-978-7808
Date Signature Phone #

Johnny C Benjamin