

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084843

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMEY CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

10225 ULMERTON ROAD
SUITE 3A
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

10225 ULMERTON ROAD
SUITE 3A
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3669852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMEY, EDWARD J
101 EAST KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COMEY, ALBERT D.C.
Address: 10225 ULMERTON RD SUITE 3A
City-St-Zip: LARGO, FL 33771

Title: VS () Delete
Name: COMEY, JENNIFER
Address: 10225 ULMERTON RD, SUITE 3A
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT COMEY, D.C.

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04/14/2009

Electronic Signature of Signing Officer or Director

Date