## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P00000089659**

SPARGO FAMILY CHIROPRACTIC, INC.



Principal Place of Business

12554 SOUTH JOHN YOUNG PARKWAY

STE 103

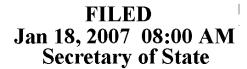
ORLANDO, FL 32837

Mailing Address

12554 SOUTH JOHN YOUNG PARKWAY

**STE 103** 

ORLANDO, FL 32837





01082007 DO NOT WRITE IN THIS SPACE

01082007 No Chg-P 4. FEI Number 59-3667566		CR2E034 (11/05)  Applied For		
		5 Certificate o	tificate of Status Desired  \$8.7	

Fee Required

6. Name and Address of Current Registered Agent

SPARGO, DAVID C 13310 PALOMA DR ORLANDO, FL 32837

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered Ag	ent signatur	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financir Trust Fund Contribution.	ig 🗆	\$5.00 May Be Added to Fees	1
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARGO, DAVID C 13310 PALOMA DR ORLANDO, FL 32837				U00000590307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARGO, CHARLES H 13310 PALOMA DR ORLANDO, FL 32837				01/18/07-80050-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARGO, DIANE J 13310 PALOMA DR ORLANDO, FL 32837			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 any didress, with all other like empowered.

CITY-ST-ZIP