2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000080061

1. Entity Name
APOLLO BEACH CHIROPRACTIC CENTER PA

Principal Place of Business	Mailing Address
100 FRANDORSON CIR 100 APOLLO BEACH, FL 33527 US	100 FRANDORSON CIR 100 APOLLO BEACH, FL 33527 US

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
55-0790225		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, STEPHEN D
100 FRANDORSON CIRCLE #100
APOLLO BEACH, FL 33527

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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

00000757419
05/23/07-80070-014 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MURRAY, STEPHEN D
STREET ADDRESS	2411 KIRKLAND ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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: X _____ Stephen Murray X 4-30-07 X 813-641-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #