

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90030 039 \*\*\*150.00

**DOCUMENT # P02000099556**

1. Entity Name

COMPTON CHIROPRACTIC CLINIC, INC.



Principal Place of Business

2023 RIVER REACH DR #304  
NAPLES FL 34104

Mailing Address

2023 RIVER REACH DR #304  
NAPLES FL 34104

2. Principal Place of Business

1200 RESERVE WAY

Suite, Apt. # etc.

102

City & State

NAPLES

Zip

34105

Country

Collier

3. Mailing Address

1200 RESERVE WAY

Suite, Apt. # etc.

102

City & State

NAPLES

Zip

34105

Country

Collier



MOORE

CR2E034 (11/03)

4. FEI Number

55-0796975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COMPTON, MARK A  
2023 RIVER REACH DR #304  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Mark A Compton

Street Address (P.O. Box Number is Not Acceptable)

1200 RESERVE WAY Apt. 102

City

NAPLES

FL

Zip Code

34105

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

2/3/2004

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME COMPTON, MARK A  
STREET ADDRESS 2023 RIVER REACH DR #304  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/3/2004 239 8255854

Date

Daytime Phone #