2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2007 08:00 AM Secretary of State

ANNUAL	REPORT			Aug 01,	etary of Sta
DOCUMENT # P03000015796				Secr	etary of Sta
1. Entity Name					
LU ELAINE JOHNSON, CHIROPRACT	OR, INC.				
Principal Place of Business	Mailing Address				
99228 OVERSEAS HWY.	99228 OVERSEAS HWY.				
KEY LARGO, FL 33037	KEY LARGO, FL 33037				
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DO NOT WRITE	in this spa	CE	4. FEI Numb		Applied For
and the second s	·		03-051	. /	Not Applicable
	and the second of the second	•	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent				
JOHNSON, LU ELAINE			- DO	NOT MOI	r e
99228 OVERSEAS HWY. KEY LARGO, FL 33037		*	DO	NOT WRI	
			IN T	THIS SPAC	E
		e e e e e e e e e e e e e e e e e e e			
8. The above named entity submits this statement for the	se ourness of changing its register	red office or registers	ad agent, or be	th in the State of Florida. I	am Iamiliar with, and account
the obligations of registered agent.	to purpose of origing the register	ou omos di rogistore	o agom, or oo	an, in the state of the total	annammar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and	title (applicable (NOTE: Bagetar	ed Agent signature required v	when several make	DA	IC
and the second s	mo a opproposi	an Agent agreetore rectorion	anorronsian g)	- Control of the cont	ic
FILE NOWIII FEE IS \$150.00 9. Election Campaign Final Due by September 14, 2007 Trust Fund Contribution.			00 May Be ed to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
				corporation did not to	
10. OFFICERS AND DII	RECTORS	1			*
NAME JOHNSON, LU ELAINE		45			,
STREET ADDRESS 99228 OVERSEAS HWY.			•		
CITY-ST-ZIP KEY LARGO, FL 33037	· · · · · · · · · · · · · · · · · · ·		*	•	
TITLE NAME		• •		B000007716	ככו
STREET ADDRESS		• •	* **	U000007710 08/01/07-8000); 13-021 158 75
CITY-ST-ZIP		. "		00/01/01 0000	O OLI 100.10
TITLE		1		•	
NAME STREET ADDRESS					
CITY-ST-ZIP			DO	NOT WRI	TE
TITLE		.5	IN T	THIS SPAC	`F
NAME CORES ADDRESS			, ija ,		
STREET ADDRESS					, _ ,
CITY-ST-ZIP					, , , , , , , , , , , , , , , , , , ,
CITY-SI-ZIP TITLE			*		, .
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12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HUMON TO LE ELA: NE JO HA

1/20/07(305) 453-3331