2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000072715

1. Entity Name
PINE CASTLE CHIROPRACTIC CENTER, INC.

Principal Place of Business	Mailing Address
707 E OAK RIDGE RD ORLANDO, FL 32809	707 E OAK RIDGE RD ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

03282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
42-1599268	Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMEISTER, WILLIAM S II
1426 MARY JEAN AVE
ORLANDO, FL 32809

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000980183
04/15/08-80049-024 150 00

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	HOFFMEISTER, WILLIAM S DR
STREET ADDRESS	1426 MARY JEAN AVE
CITY-ST-ZIP	ORLANDO, FL 32809

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   3/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #