


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 015 ***150.00

DOCUMENT # P03000156546	
1. Entity Name DOWER CHIROPRACTIC, INC.	

Principal Place of Business 2226 GULF GATE DRIVE SARASOTA, FL 34231	Mailing Address 2226 GULF GATE DRIVE SARASOTA, FL 34231
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0542599

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOUNTING SERVICES & SYSTEMS, INC.
1717 CHEYENNE STREET
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name Patrick B. Dower
Street Address (P.O. Box Number is Not Acceptable)
2226 Gulf Gate Dr
City Sarasota FL Zip Code 34231

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 *Patrick B. Dower* (NOTE: Signature required when re-registering) DATE 4/12/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9.- Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DOWER, PATRICK 101 PINE ROAD <u>2226 Gulf Gate Dr</u> NOKOMIS, FL 34275 <u>Sarasota, FL 34231</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patrick B. Dower* DATE 4/12/07 DAYTIME PHONE # 941-924-1227