


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90040 034 ***150.00

DOCUMENT # P04000092455 1. Entity Name BENNETT CHIROPRACTIC & WELLNESS CENTER, INC.			
Principal Place of Business 661 GOODLETTE ROAD NORTH - SUITE 108 NAPLES, FL 34102		Mailing Address 661 GOODLETTE ROAD NORTH - SUITE 108 NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # 6875 Estero Blvd. Suite, Apt. #, etc. Suite A City & State Font Myers Beach, FL Zip 33931 Country Lee		3. Mailing Address 6875 Estero Blvd Suite, Apt. #, etc. Suite A City & State Font Myers Beach, FL Zip 33931 Country Lee	
4. FEI Number 20-1296291		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, NICOLE DR 661 GOODLETTE ROAD NORTH - SUITE 108 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Dr. Nicole Bennett Street Address (P.O. Box Number is Not Acceptable) 6875 Estero Blvd, Suite A City Font Myers Beach FL Zip 33931	
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 Nicole Bennett DATE 1-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BENNETT, NICOLE DR 661 GOODLETTE RD. N. SUITE 108 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dr. Nicole Bennett 6875 Estero Blvd, Suite A Font Myers Beach, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nicole Bennett <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-28-08 239-849-1460 <small>Date Daytime Phone #</small>	

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