


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90025 024 \*\*\*150.00

**DOCUMENT # P05000003801**

1. Entity Name  
 SPINAL RESTORATION, INC.



Principal Place of Business  
 539 E CENTRAL AVE  
 WINTER HAVEN, FL 33880

Mailing Address  
 539 E CENTRAL AVE  
 WINTER HAVEN, FL 33880

40049103



2. Principal Place of Business - No P.O. Box #  
 546 Ave. A, NE

3. Mailing Address  
 546 Ave. A, NE

Suite, Apt. #, etc.

02152008 Chg-P CR2E034 (12/06)

City & State  
 Winter Haven, FL

City & State  
 Winter Haven, FL

Zip  
 33881

Country  
 US

Zip  
 33881

Country  
 US

4. FEI Number  
 20-2140122

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HORTON, ANGIE  
 539 E CENTRAL AVE  
 WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent  
 Name Horton, Angie  
 Street Address (P.O. Box Number is Not Acceptable)  
 546 Ave. A, NE  
 City Winter Haven, FL Zip Code 33881

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HORTON, ANGIE 539 E CENTRAL AVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 546 Ave. A, NE Winter Haven, FL 33881
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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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

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:  *Angie Horton* Date: 3-19-08 Daytime Phone #: 863 294-2008