

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 021 ***150.00

DOCUMENT # P05000111184

1. Entity Name
JUNO BEACH FAMILY CHIROPRACTIC, INC.



Principal Place of Business
**869 DONALD ROSS ROAD, SUITE D-3
PLAZA LE MER
JUNO BEACH, FL 33408**

Mailing Address
**869 DONALD ROSS ROAD, SUITE D-3
PLAZA LE MER
JUNO BEACH, FL 33408**

50021634



2. Principal Place of Business

3. Mailing Address

07032006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3286296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHOCH, JUDY W
77 SE SUPERIOR WAY
STUART, FL 34997**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHOCH, BRETT D**
STREET ADDRESS **869 DONALD ROSS ROAD, SUITE D-3**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **VP** ☐ Delete
NAME **SCHOCH, RICHARD N**
STREET ADDRESS **869 DONALD ROSS ROAD, SUITE D-3**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **SEC** ☐ Delete
NAME **SCHOCH, JUDY W**
STREET ADDRESS **869 DONALD ROSS ROAD, SUITE D-3**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **TREA** ☐ Delete
NAME **SCHOCH, EPPIE C**
STREET ADDRESS **869 DONALD ROSS ROAD, SUITE D-3**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **DIR** ☐ Delete
NAME **BRANDI SCHOCH SOVEREL**
STREET ADDRESS **3325 PERIMETER ROAD**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Judy W. Schoch** **Judy W. Schoch** **7-3-06** **561-799-5589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #