

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90184 013 ***150.00

DOCUMENT # P05000126586					
1. Entity Name SHANNON WINTERS DC, PA					
Principal Place of Business 39 SW MONTEREY ROAD STUART, FL 34994			Mailing Address 39 SW MONTEREY ROAD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 2682 Willoughby Blvd.		3. Mailing Address 2682 Willoughby Blvd.			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Stuart, FL		City & State Stuart, FL			
Zip 34994		Country USA		Zip 34994	
Country USA		4. FEI Number 20-3469061			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WINTERS, SHANNON 39 SW MONTEREY ROAD STUART, FL 34994			7. Name and Address of New Registered Agent Name SHANNON WINTERS DC PA Street Address (P.O. Box Number is Not Acceptable) 2682 Willoughby Blvd. Suite Suite 101 City Stuart		
FL			Zip 34994		
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: <u><i>Shannon Winters</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/12-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P WINTERS, SHANNON 39 SW MONTEREY ROAD STUART, FL 34994 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINTERS, SHANNON 2682 Willoughby Blvd. Ste. 101 Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: <u><i>Shannon Winters</i></u>			4-12-07 772-9249100 Date Daytime Phone #		