
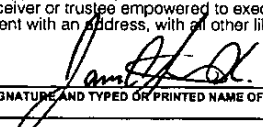


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000129443		
1. Entity Name SCOTT CHIROPRACTIC, INC.		
Principal Place of Business 13767 U.S. HIGHWAY 441 LADY LAKE, FL 32159 US		Mailing Address 5120 BANANA POINT DRIVE OKAHUMPKA, FL 34762 US
DO NOT WRITE IN THIS SPACE		
		01032007 No Chg-P CR2E034 (11/05)
4. FEI Number 54-1921719		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCOTT, KATHLEEN 5120 BANANA POINT DRIVE OKAHUMPKA, FL 34762		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
		U000000615476 02/06/07-80071-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, JAMES A 5120 BANANA POINT DRIVE OKAHUMPKA, FL 34762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, KATHLEEN L 5120 BANANA POINT DRIVE OKAHUMPKA, FL 34762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: x 		x 1/20/07 x 352-430-1890 <small>Date Daytime Phone #</small>