

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000052286

1. Entity Name

GULF COAST ACUPUNCTURE AND WELLNESS CLINIC, INC.



Principal Place of Business

**642 N. INDIANA AVE.
ENGLEWOOD FL 34223**

Mailing Address

**642 N. INDIANA AVE.
ENGLEWOOD FL 34223**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

22-3932400

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

**DEBONA, MATTHEW
642 N. INDIANA AVE.
ENGLEWOOD FL 34223**

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

Matthew Debona, Dom AP

2.7.08

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **D**
STREET ADDRESS **DEBONA, MATTHEW**
CITY-ST-ZIP **642 N. INDIANA AVE.
ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000824350**
CITY-ST-ZIP **02/20/08-80072-023 150.00**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DEBONA, LYDIA J**
CITY-ST-ZIP **642 N. INDIANA AVE.
ENGLEWOOD FL 34223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lydia J. Spratlan
LYDIA J. SPRATLAN

2.7.08

941-473-
8978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page no. Phone #