

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-28-2007 90017 006 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000148291 1. Entity Name CHIROPRACTIC CARE OF GOLF COAST, INC.					
Principal Place of Business 3380 TAMIAMI TRAIL EAST NAPLES FL 34112			Mailing Address 3380 TAMIAMI TRAIL EAST NAPLES FL 34112		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-3226417	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURNER, RUSSELL E D.C. 3380 TAMIAMI TRAIL EAST NAPLES FL 34112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TURNER, RUSSELL E D.C. 3380 TAMIAMI TRAIL EAST NAPLES FL 34112		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<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 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: <u>Russell E Turner</u>			Date: <u>2/20/07</u> Daytime Phone #: <u>239 248 7210</u>		