

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P95000019026

1. Entity Name
NEURO ETC. INC.



Principal Place of Business

2140 FOREST HOLLOW WY
JACKSONVILLE, FL 32259

Mailing Address

2140 FOREST HOLLOW WY
JACKSONVILLE, FL 32259



01232008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3303928

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE NICHOLS GROUP
1329 KINGSLEY AVE
STE D
ORANGE PARK, FL 32073

**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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAYES, CARYL
2140 FOREST HOLLOW WY
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAYES, MICHAEL
2140 FOREST HOLLOW WY
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/13/08-80010-007 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 904 2873179