

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000036426

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Entity Name:** DAVENPORT CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

2710 S 3RD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

2710 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

2710 S 3RD STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

2710 THIRD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3357492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EAKIN, PAUL M  
599 ATLANTIC BLVD., #4  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DAVENPORT, JOHN  
Address: 2710 S. 3RD ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: M  
Name: DAVENPORT, JULIE  
Address: 2710 S 3RD ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE DAVENPORT

MRS.

07/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date