

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000000901

1. Entity Name
CAPE CORAL FAMILY CHIROPRACTIC, P.A.



Principal Place of Business
210 DEL PRADO BLVD. S.
#3
CAPE CORAL, FL 33990

Mailing Address
210 DEL PRADO BLVD. S.
#3
CAPE CORAL, FL 33990

FILED

Jan 24, 2005 08:00 AM

Secretary of State

Dept. of State



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0839410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, BILL
210 DEL PRADO BLVD. S.
#3
CAPE CORAL, FL 33990

**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, 2005 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
MAYER, WILLIAM R
210 DEL PRADO BLVD. S. #3
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80115-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #