

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90030 008 ***150.00

DOCUMENT # P970Q0017386

1. Entity Name

FELTS CHIROPRACTIC CENTER, INC.



Principal Place of Business

8905 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

8905 OVERSEAS HWY
MARATHON FL 33050



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

5800 Overseas Hwy.

Suite, Apt. #, etc. 7

3. Mailing Address

Same

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

Marathon FL

City & State

4. FEI Number 65-0730530

Applied For

Not Applicable

Zip

33050

Country

Monroe

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELTS, MARK R
25000 OVERSEAS HWY
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: FELTS, MARK R
STREET ADDRESS: 8905 OVERSEAS HWY
CITY-ST-ZIP: MARATHON FL 33050 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS:
CITY-ST-ZIP:

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

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 #

8/14/07 (205) 743-0029