

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90043 024 ***150.00

DOCUMENT # P97000021735

1. Entity Name
PAYNE CHIROPRACTIC LIFE CENTER, P.A.



Principal Place of Business
**1021 HIGHWAY 98 EAST #G
DESTIN, FL 32541**

Mailing Address
**1021 HIGHWAY 98 EAST #G
DESTIN, FL 32541**

40045027



2. Principal Place of Business - No P.O. Box #
4014 Commons Dr.

3. Mailing Address
4014 Commons Dr.

Suite, Apt. #, etc.
Unit 114

Suite, Apt. #, etc.
Unit 114

City & State
Destin, FL

City & State
Destin, FL

03032008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3426410

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32541

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, MATTHEW W
225 MAIN STREET
DESTIN, FL 32541**

Name
Julie Payne

Street Address (P.O. Box Number is Not Acceptable)

4014 Commons Drive

Unit 114

City
Destin

FL

Zip Code
32541

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

Julie Payne

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/08

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
PAYNE, ALAN
1021 HIGHWAY 98 EAST #G
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4014 Commons Dr, Unit 114 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Julie Payne
4014 Commons Dr, Unit 114
Destin, FL 32541** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Julie Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2008

Date

850-654-8770

Daytime Phone #