## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 14, 2007 8:00 am Secretary of State 09-14-2007 90003 028 \*\*\*158.75 DOCUMENT # P97000028572 HANNA CHIROPRACTIC, PA Principal Place of Business Mailing Address 40132323 617 TAMIAMI TRAIL S. 617 TAMIAMI TRAIL S. VENICE, FL 34285 VENICE, FL 34285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08202007 CR2E034 (12/06) Cha-P City & State Applied For City & State 4. FEI Number 65-0758208 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 City Zip Code FL 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: Rea stered Agent's analyre required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTDS TITLE Delete ☐ Change ☐ Addition HANNA, STEPHEN C NAME NAME STREET ADDRESS 617 TAMIAMI TRAIL S. STREET ADDRESS VENICE, FL 34285 CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete TUTLE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TOLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 ollicer 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 attachytent with an address, with all other like empowered.

NAME

STREET ADDRESS CITY ST ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

**FILED** 

## ATTACHMENT

40132323 H- P97000088572 HANNA CHIROPRACTIC, PA

Venice Chiropractic Clinic
Dr. Stephen Hanna, Chiropractor
617 S. Tamiami Trail
Venice, FL 34285
941-488-6308
FAX 941 - 480 - 1828

9-13-2007

TO DIVISION OF COPPORATIONS

RE: HANNA CHIROPPACITIC, PATT P97000028572 WE JUST DID NOT RECEIVE THE NOTICE FOR Preparat. and even now I Am Just getting sent under the wine.

park on North Thompson TRAIL with the same numerical address - 617 N Tamani Thail and often our mail is sorted wrongly and stuffed entho mail boyes of these residents at the mobile home park and often mail is discorded by them and never received here.

Them and never received here.

Gudosed is check for renewal? Certificate

Thoulyan Stylen C. Hanna