

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 050 ***150.00

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DOCUMENT # P97000065904 1. Entity Name COLONIAL CHIROPRACTIC, INC.					
Principal Place of Business 2475 ROUND TABLE CT. FT. MYERS, FL 33912 US			Mailing Address 15660 SAN CARLOS BLVD. 32 FT. MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1570-B Colonial Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Myers, FL		4. FEI Number 65-0771863	
Zip		Country		Applied For Not Applicable	
Zip 33907		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEST BOOKKEEPING & TAX SERVICE, INC. 15660 SAN CARLOS BLVD. 32 FT. MYERS, FL 33908				7. Name and Address of New Registered Agent Name JOSE C. VASCONCELLOS Street Address (P.O. Box Number is Not Acceptable) 2475 ROUND TABLE CT. City FT. MYERS FL Zip Code 33912	
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: (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VASCONCELLOS, JOSE C 2475 ROUND TABLE CT. FT. MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASCONCELLOS, DORIS R 2475 ROUND TABLE CT. FT. MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			Date 1/2/07 (239) 485-0469		