

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90994 035 ***150.00

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1. Entity Name

GULF SHORE CHIROPRACTIC, INC.



Principal Place of Business

3940 RADIO ROAD
105
NAPLES FL 34104
US

Mailing Address

3940 RADIO ROAD
105
NAPLES FL 34104
US

J4U01110



MOORE

CR2E034 (11/03)

2. Principal Place of Business

9516 Singer Cir
Suite, Apt. #, etc.

3. Mailing Address

9516 Singer Cir
Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

59-3472134

Applied For

Not Applicable

Zip

33981

Country

Charlotte

Zip

33981

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, GARY R
3940 RADIO ROAD
105
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

9516 Singer Circle

City

Port Charlotte

FL

Zip Code

33981

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D. ☒ Delete
NAME THOMPSON, GARY R
STREET ADDRESS 6840 OXMOOR CT
CITY-ST-ZIP NAPLES FL 34104

TITLE D. ☒ Delete
NAME THOMPSON, SUE
STREET ADDRESS 6840 OXMOOR CT
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President ☒ Change ☐ Addition
NAME GARY Thompson
STREET ADDRESS 9516 Singer Circle
CITY-ST-ZIP Pt. Charlotte, FL 33981

TITLE ☐ Change ☐ Addition
NAME Sue Thompson
STREET ADDRESS 9516 Singer Circle
CITY-ST-ZIP Pt. Charlotte, FL 33981

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 (239)3489447

Date

Daytime Phone #