## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of Sta			
DOCUMENT # P98000040581						seci etai	y or Sta	
1. Entity Name WYNNE CHIROPRACTIC INC.								
VVTININE	CHIROPRACTIC INC.							
Principal Plac	ce of Business	Mailing Address		1				
365 WAYMONT COURT 365 WAYMONT COURT								
BAYTREE CENTER, SUITE 101 BAYTREE CENTER, SUITE 10 LAKE MARY, FL 32746 LAKE MARY, FL 32746								
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	A STATE OF THE STA		***	05012008	No Chg-P	CR2E034 (11	/05)	
1.3 - E	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe			Applied For	
1397	Control of the second s	1		59-350			Not Applicable	
				5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired	
1.0	6. Name and Address of Current Re	gistered Agent		·	, t.		· (2) · (1)	
MYNNE H	CEVIN G						and the	
WYNNE, KEVIN G 365 WAYMONT COURT				DO.	<b>NOT W</b>	KIIE :		
BAYTREE CENTER, SUITE 101 LAKE MARY, FL 32746				IN 1	THIS SP	ACE	in F	
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9 The shows	named entity submits this statement for the	a a sana at abanaina ita sasiata.			ان نمائی نمر	interior de la constitución de l	# # # # # # # # # # # # # # # # # # #	
the obligat	tions of registered agent.	e burbose of changing its register	an ource or redizier	eu agent, or bo	in, ar the state of Fig	iliua. Talittariiliai	with, and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent and	utle d'applicable (NOTE: Registere	d Agent signature required	( when reinstating)		3948315		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		.00 May Be ed to Fees	06/02/08	-80051-002	2 150.00	
10.	OFFICERS AND DI	RECTORS	<u> </u>	**	1 25 th 11,41 110	lite training to get		
TITLE	DR		, ,	4.1				
NAME Street Address	WYNNE, KEVIN G   365 WAYMONT COURT, BAYTREI					100		
CITY-ST-ZIP	LAKE MARY, FL 32746			म्ब्रहरू १४ क्ष्				
TITLE			, ,					
NAME STREET ADDRESS					4.	(P)	na sanga	
CITY-ST-ZIP				<u> </u>			. 11	
TITLE						Britania (n. 1864) Santina di Santina di	है ग	
NAME STREET ADDRESS			. , ,					
CITY-ST-ZIP			, 	DO	NO! W	RITE",		
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NAME STREET ADDRESS			in in			maliferation of	r 3 Kr	
CITY-ST-ZIP			46 (4					
TITLE				中心 湿漉红	医黑角酚 人名苏纳	医医腹腔管局	100 0	

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

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90/31-9191