

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028271

FILED
Jul 09, 2007
Secretary of State

Entity Name: EAST HILL CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2045 N 12 AVE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2045 N 12 AVE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3568297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, SHAWNA
2045 NORTH 12TH AVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOGAN, SHAWNA
Address: 5953 COMMERCE RD
City-St-Zip: MILTON, FL 32583

Title: VO () Delete
Name: HOGAN, CHRIS
Address: 5953 COMMERCE RD
City-St-Zip: MILTON, FL 32583

Title: S () Delete
Name: SPEED, PAMELA
Address: 3255 BAY ST
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWNA HOGAN

P

07/09/2007

Electronic Signature of Signing Officer or Director

Date