

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121219

Entity Name: 5 SEASONS ACUPUNCTURE, INC.

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

1928 14TH AVE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1150 49TH AVE
VERO BEACH, FL 32966

New Mailing Address:

1928 14TH AVE
VERO BEACH, FL 32960

FEI Number: 26-1459977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNODGRESS, ALEXANDER
1150 49TH AVE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

SNODGRESS, ALEXANDER
1305 24TH AVE
VERO BEACH, FL 32960 US

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:

06/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SNODGRESS, ALEXANDER
Address: 1150 49TH AVE
City-St-Zip: VERO BEACH, FL 32966

Title: DVP () Delete
Name: SNODGRESS, SHANE
Address: 1150 49TH AVE
City-St-Zip: VERO BEACH, FL 32966

Title: T () Delete
Name: SNODGRESS, ADAM
Address: 1150 49TH AVE
City-St-Zip: VERO BEACH, FL 32966

Title: D/S () Delete
Name: SNODGRESS, LINDA
Address: 1150 49TH AVE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SNODGRESS, ALEXANDER
Address: 1305 24TH AVE
City-St-Zip: VERO BEACH, FL 32960

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: ALEXANDER SNODGRESS

D/P

06/29/2009

Electronic Signature of Signing Officer or Director

Date