2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OF PRINTED

DOCUMENT # P93000047528 1. Entity Name WILLIAM J. CARRICK, D.C., P.A.				Secretary of State
2730 NW 39 GAINESVILL		2730 NW 39TH AVE. GAINESVILLE FL 3260	Ō5	
2. Principal Place of Business		3. Mailing Address	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-3188022 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Cu	irrent Registered Agent	Name	7. Name and Address of New Registered Agent
2730	RRICK, WILLIAM J DC O NW 39TH AVE. NESVILLE FL 32605			s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE . F After	Signature, typed or privided name of registere ILE NOW!!! FEE IS \$150.0 May 1, 2005 Fee Will Be \$5 (Payable to Florida Departm	0 50.00 ent of State	E Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P VIL-AM, BEN-A'HIM 2730 NW 39TH AVE. GAINESVILLE FL 32605	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000248330 03/02/05-80026-008 150.08
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the co	I on this report or supplemental re rporation or the receiver or truste	enort is true and accurate and that	my signature snall nave th t as required by Chapter 6	Section 119.07(3)(I), Florida Statutes 1 further certify that the information le same legal effect as if made under oath, that I am an officer or director x07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ER OR DIRECTOR

FILED

Daytime Phone #

Cate