

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058309

FILED
Mar 21, 2005
Secretary of State

Entity Name: ADVANCED CHIROPRACTIC NUTRITION CENTER, P.A.

Current Principal Place of Business:

440-A THIRD STREET
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

440-A THIRD STREET
SUITE A
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

440-A THIRD STREET
NEPTUNE BEACH, FL 32266 US

FEI Number: 59-3328684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISKA, THOMAS A
119 9TH AVENUE SOUTH
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

KISKA, THOMAS A
440-A THIRD ST
NEPTUNE BEACH, FL 32266 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: THOMAS A KISKA

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KISKA, THOMAS A D.C.
Address: 119 9TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V () Delete
Name: SHEPLER, SUSAN
Address: 119 9TH AVE. S.
City-St-Zip: JACKSONVILLE BEACH, FL 322505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KISKA, THOMAS A D.C.
Address: 440-A THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: V (X) Change () Addition
Name: SHEPLER, SUSAN
Address: 440-A THIRD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A KISKA

D

03/21/2005

Electronic Signature of Signing Officer or Director

Date