

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121219

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: 5 SEASONS ACUPUNCTURE, INC.

**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