


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90057 020 ***150.00

| | | | | | |
|---|--|--|--|---|---|
| DOCUMENT # 613070 1. Entity Name EDWARDS CHIROPRACTIC OFFICES, P.A. | | | |  | |
| Principal Place of Business 4558 SAN JUAN AVE JACKSONVILLE, FL 32210 | | | Mailing Address 4558 SAN JUAN AVE JACKSONVILLE, FL 32210 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 01072005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-1895248 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent EDWARDS, HARRY A JR 4558 SAN JUAN AVE JACKSONVILLE, FL | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EDWARDS, HARRY A JR 4558 SAN JUAN AVE JACKSONVILLE, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Pauline P. Brown 4558 San Juan Ave. Jacksonville, FL 32210 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS, DAVID A 4558 SAN JUAN AVE JACKSONVILLE, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> 2/5/05 | | | (904) 389-0667 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |