2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUI	MENT # F43447			Secre	tary of St	ate	
DAVID L. HARTZ, D.C., PROFESSIONAL ASSOCIATION							
Principal Place	e of Susiness	Mailing Address	l	1			
1610 W PLA		1610 W PLAZA DR					
TALLAHASSE		TALLAHASSEE, FL 32308					
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			01212004	No Chg-P	CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-217		}	oplied For of Applicable
					of Status Desired	\$8.75 Add	Sitional
	6. Name and Address of Currer	nt Registered Agent					
HARTZ, DAVID L. 1610 W PLAZA DR TALLAHASSEE, FL 32308			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement ions of registered agent.	for the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar with	and accept
SIGNATURE_	Signature, typod or printed name of registered age	or and the Kanadanhia DOTE Bariston	ed Agent signature requires	indicate and the		DATE	<u>-</u>
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	<u>, , , , , , , , , , , , , , , , , , , </u>		<u></u>
10.	OFFICERS AN	O DIRECTORS			-		
TITLE	PD	-		-			
NAME	HARTZ, DAVID L						
STREET ADDRESS	1610 W PLAZA DR						
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TITLE			1				
76 S. R. P	,		_				

12. I hereby certify that the information explied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to exacute 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/25/04

Daytime Phone #