

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46072

FILED
Jan 10, 2005
Secretary of State

Entity Name: MAITLAND CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

MAITLAND CHIROPRACTIC CLINIC, INC.
500 SO MAITLAND AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

MAITLAND CHIROPRACTIC CLINIC, INC.
500 SO MAITLAND AVENUE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2315789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVAL, JANE L PRES
500 SO MAITLAND AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUVAL, MICHAEL A.,
Address: 500S. MAITLAND AVE.
City-St-Zip: MAITLAND, FL

Title: VP () Delete
Name: DUVAL, JANE L
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: 2VP () Delete
Name: DUVAL, MICHAEL J
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: 2VP (X) Delete
Name: DUVAL, CHRISTIANNE M
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUVAL, JANE L.,
Address: 500 S. MAITLAND AVE.
City-St-Zip: MAITLAND, FL

Title: VP (X) Change () Addition
Name: DUVAL, MICHAEL J
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition
Name: DUVAL, CHRISTIANNE M
Address: 779 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANE L. DUVAL

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date