2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# K09477

Entity Name: MY CHIROPRACTOR OF PORT ORANGE, INC.

Current Principal Place of Business:

915 BIG TREE RD.
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

915 BIG TREE RD.
SOUTH DAYTONA, FL 32119

New Mailing Address:

FEI Number: 59-2869083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERARD, JILL DR.
915 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

GERARD, JILL D DR.
915 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 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: DR. JILL D. GERARD 01/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GERARD, JILL D DR
Address: 915 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. JILL D. GERARD PRES 01/23/2004
Electronic Signature of Signing Officer or Director Date