
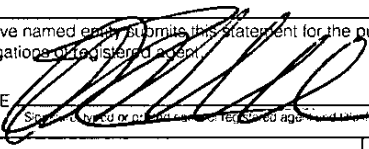
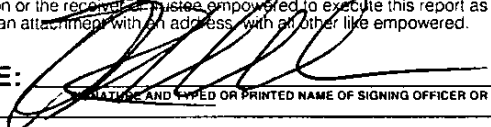


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90006 019 \*\*\*150.00

<b>DOCUMENT # M68694</b> 1. Entity Name <b>LAKE WALES CHIROPRACTIC CENTER, INC.</b>																											
Principal Place of Business <b>% RONALD L. HARRELL</b> <b>445 S 4TH ST</b> <b>LAKE WALES, FL 33853</b>		Mailing Address <b>% RONALD L. HARRELL</b> <b>445 S 4TH ST</b> <b>LAKE WALES, FL 33853</b>																									
2. Principal Place of Business <b>343 W. Central Ave</b> Suite, Apt. #, etc. <b>Suite 3</b> City & State <b>Lake Wales FL</b> Zip <b>33853</b> Country <b>USA</b>		3. Mailing Address Due to Hurricane Suite, Apt. #, etc. City & State Zip Country																									
4. FEI Number <b>59-2897275</b>		04262005 Chg-P CR2E034 (10/03) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>HARRELL, RONALD L.</b> <b>445 S 4TH ST</b> <b>LAKE WALES, FL 33853</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>5-18-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARRELL, RONALD L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2013 VARNER CIRCLE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>WINTER HAVEN, FL 33884</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	HARRELL, RONALD L.		STREET ADDRESS	2013 VARNER CIRCLE		CITY- ST- ZIP	WINTER HAVEN, FL 33884		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">VP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Suzanne Harrell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>343 W Central Ave Suite 3</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Lake Wales FL 33853</td> <td></td> </tr> </table>		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Suzanne Harrell		STREET ADDRESS	343 W Central Ave Suite 3		CITY- ST- ZIP	Lake Wales FL 33853	
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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 registered 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 an other like empowered.																											
SIGNATURE: 		Date <b>5/10/05</b> Daytime Phone <b>8636767619</b>																									