

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078309

FILED  
Feb 27, 2005  
Secretary of State

Entity Name: GATZA CHIROPRACTIC ARTS, INC.

**Current Principal Place of Business:**

639 CLEVELAND STREET  
SUITE 110  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

639 CLEVELAND STREET  
SUITE 110  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 59-3666354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GATZA, JULIE  
639 CLEVELAND STREET  
SUITE 110  
CLEARWATER, FL 33756 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: D ( ) Delete  
Name: GATZA, JULIE  
Address: 639 CLEVELAND STREET SUITE 110  
City-St-Zip: CLEARWATER, FL 33756

**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: JULIE L GATZA

PRES

02/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date