2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000093492

HARWELL FAMILY CHIROPRACTIC, INC.



Principal Place of Business Mailing Address

820 NORTH STATE ROAD 434

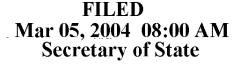
STE A ALTAMONTE SPRINGS, FL 32714

820 NORTH STATE ROAD 434

STE A

DO NOT WRITE IN THIS SPACE

ALTAMONTE SPRINGS, FL 32714





01312004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3674336

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE			
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 acceptate obligations of registered agent. Signature. Signature. Types or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whon reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution,	cing 🗆	\$5.00 May Be Added to Fees	U00000076893 03/05/04-80020-024	150.00
TILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD HARWELL, RHETT L D.C. 820 NORTH STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	
BILE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
ntle name street address city-st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
12. Thereby 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 eath, 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 in Block 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered.						