2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# P00000100632

Entity Name: FLEMING ISLAND FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 59-3689130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, KRISTEN D.C.
1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003 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: DR. ( ) Delete
Name: BURKE, KRISTEN
Address: 3080 MAJESTIC OAKS LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: KRISTEN T. BURKE DC DR. 03/02/2005

Electronic Signature of Signing Officer or Director Date