

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 017 ***150.00

DOCUMENT # P01000026837

1. Entity Name

WATERSIDE CHIROPRACTIC, INC.



Principal Place of Business

3721 MARINER DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

3721 MARINER DRIVE
PANAMA CITY BEACH FL 32408

40005500



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2441 Hwy 98
Suite, Apt. #, etc.
Suite 103

3. Mailing Address

2441 Hwy 98
Suite, Apt. #, etc.
Suite 103

City & State

SANTA ROSA BEACH, FL.

City & State

SANTA ROSA BEACH, FL.

Zip

32459

Country

USA

Zip

32459

Country

USA

4. FEI Number

59-3739233

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL J
3721 MARINER DRIVE
PANAMA CITY BEACH FL 32408

Address change

7. Name and Address of New Registered Agent

Name

SMITH, MICHAEL J

Street Address (P.O. Box Number is Not Acceptable)

2441 Hwy 98 (Suite 103)

City

SANTA ROSA BEACH

FL

Zip Code

32459

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

OK # 395
paid via mail 01/18/05

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SMITH, MICHAEL J
STREET ADDRESS 3721 MARINER DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

☐ Delete

TITLE DP
NAME SMITH, SYLVIA M
STREET ADDRESS 3721 MARINER DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SMITH, MICHAEL J
STREET ADDRESS 2441 Hwy 98 Suite 103
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

☒ Change ☐ Addition

(Address only)

TITLE DP
NAME SMITH, SYLVIA M
STREET ADDRESS 2441 Hwy 98 Suite 103
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

☒ Change ☐ Addition

(Address only)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05

Date

8506220062

Daytime Phone #