



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000051638 1. Entity Name TRAN CHIROPRACTIC & WELLNESS CENTER, INC. |  |
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| Principal Place of Business 1310 SOUTH HOWARD AVENUE TAMPA, FL 33606 | Mailing Address 1310 SOUTH HOWARD AVENUE TAMPA, FL 33606 |
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DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3720493 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**TRAN, TAN T
1310 SOUTH HOWARD AVE
TAMPA, FL 33606**

**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

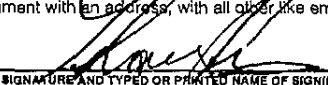
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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD TRAN, TAN T 1310 SOUTH HOWARD AVENUE TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD TRAN, THANG V 1310 SOUTH HOWARD AVENUE TAMPA, FL 33606 |
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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 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:  **7/8/05** **813-249-2225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #