


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000090309 1. Entity Name GRANT-MELTON CHIROPRACTIC CLINIC P.A.	
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Principal Place of Business 1351 EAST CALL ST. TALLAHASSEE, FL 32301	Mailing Address PO BOX 231 TALLAHASSEE, FL 32302
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3745096	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 SANDERS, VERNON E 250 E. SIXTH AVENUE TALLAHASSEE, FL 32303

**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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRANT, PAUL 1313 PIEDMONT DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MELTON, CAL 3332 THOMAS BUTLER RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS GRANT, NAN 1313 PIEDMONT DR. TALLAHASSEE, FL 32312
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04/13/05-80066-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Grant* **4-11-05** **(850)878-2369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #