



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 029 ***150.00

DOCUMENT # P01000095796 1. Entity Name COASTAL CHIROPRACTIC WELLNESS CENTER, INC.					
Principal Place of Business 806 THIRD ST., STE. B NEPTUNE BEACH, FL 32266			Mailing Address 806 THIRD ST., STE. B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business 8535 Baymeadows Rd. Suite, Apt. #, etc. Suite 1		3. Mailing Address 8535 Baymeadows Road Suite, Apt. #, etc. Suite 1		20022742 	
City & State Jacksonville FL		City & State Jacksonville FL		03152005 Chg-P CR2E034 (10/03)	
Zip 32256		Country USA		4. FEI Number 59-3748653	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEL PRETE, SCOTT 806 THIRD STREET B NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8535 Baymeadows Road, Suite 1 City Jacksonville FL Zip Code 32256		
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: <u><i>Anita Del Prete</i></u> Vice President 3/15/05 <small>!! Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL PRETE, SCOTT <input type="checkbox"/> Delete 1447 SPINDRIFT CIRCLE EAST NEPTUNE BEACH, FL 32266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Prete, Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1998 Las Brisas Way West Jacksonville, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input type="checkbox"/> Delete DEL PRETE, ANITA 1447 SPINDRIFT CIRCLE EAST NEPTUNE BEACH, FL 32266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Del Prete, Anita <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1998 Las Brisas Way West Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Anita Del Prete</i></u> VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/15/05 (904)674-0193 <small>Date Daytime Phone #</small>		