

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 002 ***550.00

DOCUMENT # P02000016197

1. Entity Name

OLD TARPON CHIROPRACTIC, P.A.



Principal Place of Business

17 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

Mailing Address

17 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

44050749



07232004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0005726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUSTAFSON, ALTON J
17 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

**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

Alton J. Gustafson DC 7/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUSTAFSON, ALTON J
STREET ADDRESS	17 E TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DP
NAME	Gustafson, Alton J
STREET ADDRESS	23 E Tarpou Ave
CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alton J. Gustafson, DC 7/27/04 727-942-1618