

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90031 009 ***150.00

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	
2. Principal Place of Business Suite, Apt. #, etc. 23 East Tarpon Ave City & State Tarpon Springs, Fl. Zip 34689		3. Mailing Address Suite, Apt. #, etc. 23 East Tarpon Ave. City & State Tarpon Springs, Fl. Zip 34689	
4. FEI Number 90-0005726		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 GUSTAFSON, ALTON J 17 EAST TARPON AVENUE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 DATE 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUSTAFSON, ALTON J 17 E TARPON AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUSTAFSON, ALTON J 23 E TARPON AVE TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 2/22/05 Daytime Phone # 727-942-1618	