

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000051427

1. Entity Name
SPINAL CHIROPRACTIC INC.



Principal Place of Business 3155 N. PALM - AIRE DRIVE APT 205 POMPANO BEACH, FL 33069	Mailing Address 3155 N. PALM - AIRE DRIVE APT 205 POMPANO BEACH, FL 33069
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07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1960613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSSO, CARL RICHARD
 3155 N. PALM-AIRE DRIVE
 APT 205
 POMPANO BEACH, FL 33069-BR**

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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 *Carl R. Moss* *Carl R. Moss* 07/05/05
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
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSSO, CARL R 3155 N. PALM - AIRE DRIVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSSO, TEREZINHA B 3155 N. PALM - AIRE DRIVE POMPANO BEAC, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/08/05-80001-010 150.00

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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)(f), 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: *Terezinha B. Moss* *TEREZINHA BAUSI MOSSO* July 5, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #