


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000081821 1. Entity Name FT. MYERS FAMILY CHIROPRACTIC CENTER, INC.	
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Principal Place of Business 3651 EVANS AVENUE UNIT 108-109 FORT MYERS, FL 33901	Mailing Address 3651 EVANS AVENUE UNIT 108-109 FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



09012004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1421535	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

THEODORE, EDNER
2413 LAKE DEBRA DR
#1212
ORLADNO, FL 32835

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEODORE, EDNER 3651 EVANS AVENUE UNIT 108-109 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELVA, FEGHENS 3651 EVANS AVENUE UNIT 108-109 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JULSSAINT, MICHELET 3651 EVANS AVENUE UNIT 108-109 FORT MYERS, FL 33901
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09/03/04-80003-009 150.00

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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)(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: *Feghens Delva* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____