


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000108211
 1. Entity Name
REGENCY CHIROPRACTIC CLINIC, INC.



Principal Place of Business Mailing Address
3954 VERSAILLES DR **3954 VERSAILLES DR**
ORLANDO, FL 32808 US **ORLANDO, FL 32808 US**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0746656	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
HUSBANDS, JUDY
3954 VERSAILLES DR
ORLANDO, FL 32808

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSBANDS, JUDY 3954 VERSAILLES DR ORLANDO, FL 32808
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 04/19/04-80023-001 150.00

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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)(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: *Dr Judy Husband* **4/13/04** **407-872-7760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #