


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000124889
 1. Entity Name
ORLANDO NECK & BACK CENTER, INC.



Principal Place of Business Mailing Address
953 N SEMORAN BLVD **953 N SEMORAN BLVD**
ORLANDO, FL 32807 **ORLANDO, FL 32807**

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

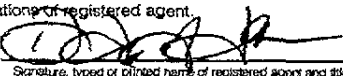
4. FEI Number Applied For
33-1031368 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TRUDEAU, TY
953 N SEMORAN BLVD
ORLANDO, FL 32807

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:  DATE: **3/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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: **D**
 NAME: **TRUDEAU, TY**
 STREET ADDRESS: **1045 E 10TH STREET**
 CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: **D**
 NAME: **THORTON, MARK**
 STREET ADDRESS: **6658 FRANCONIA DR**
 CITY-ST-ZIP: **BELLE ISLE, FL 32812**

TITLE: **D**
 NAME: **THORTON, R.E.**
 STREET ADDRESS: **3233 RENLEE PLACE**
 CITY-ST-ZIP: **ORLANDO, FL 32803**

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

UN0000100743
 04/01/04-80018-023 150.00

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:  Date: **3/27/04** Daytime Phone #: **407 282 3615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR