



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90074 035 ***150.00

DOCUMENT # P03000042500 1. Entity Name ANGELIC CHIROPRACTIC & HEALTH SERVICES, INC.					
Principal Place of Business 605 EAST CENTRAL AVENUE WINTER HAVEN, FL 33880-3056			Mailing Address P.O. BOX 91922 LAKELAND, FL 33804-1922		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 605 East Central Avenue Suite, Apt. #, etc.			
City & State Zip Country		City & State Winter Haven, FL Zip Country 33880-3056		4. FEI Number 75-3097340	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BERNICE JOHNSON, BERNIAGE A DC 605 E. CENTRAL AVENUE WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D JOHNSON, BERNICE A DC 605 E. CENTRAL AVENUE WINTER HAVEN, FL 33880		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			4-16-04 863-293-7789 <small>Date Daytime Phone #</small>		