


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90733 010 \*\*\*150.00

**DOCUMENT # P03000054221**

1. Entity Name  
**ALAN CREED, D.C. P.A.**



Principal Place of Business      Mailing Address  
**240 CRANDON BLVD STE 204**      **240 CRANDON BLVD STE 204**  
**KEY BISCAIYNE, FL 33149**      **KEY BISCAIYNE, FL 33149**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04272004      Chg-P      CR2E034 (10/03)

4. FEI Number **27-0059452**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**CREED, ALAN D.C.**      Name  
**240 CRANDON BLVD STE 204**      Street Address (P.O. Box Number is Not Acceptable)  
**KEY BISCAIYNE, FL 33149**      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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2004 Fee will be \$550.00**      Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CREED, ALAN</b> <b>240 CRANDON BLVD STE 204</b> <b>KEY BISCAIYNE, FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Juan C. Rodriguez*      **JUAN C. RODRIGUEZ, CPA**      **Authorized Representative**      **4/27/04**      **305-285-8868**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #