


FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 016 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000058134

1. Entity Name
 WILLIAM C. CHANEY, D.C., P.A.




Principal Place of Business Mailing Address
 208 S PARK CIRCLE E 208 S PARK CIRCLE E
 ST AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32085

2. Principal Place of Business 3. Mailing Address
 4052 Commercial Way 4052 Commercial Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Springhill, FL Springhill, FL

Zip Country Zip Country
 34606 USA 34606 USA

94036400



03082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 20-0034400 Not Applicable

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

6. Name and Address of Current Registered Agent

EGAN, CHRIS S ESQ
 20761 CHESTNUT ST
 DUNNELLON, FL 34431

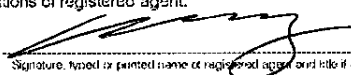
7. Name and Address of New Registered Agent

Name
 William C. Chaney

Street Address (P.O. Box Number is Not Acceptable)
 4052 Commercial Way

City State Zip Code
 Springhill FL 34606

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:  William C. Chaney, Pres 3-22-04

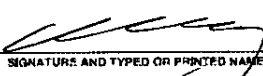
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHANEY, WILLIAM C 208 S PARK CIRCLE E ST AUGUSTINE, FL 32085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chaney, William C 4052 Commercial Way Springhill, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  William C. Chaney 3-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #