

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-30-2004 90001 012 ***150.00

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07142004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000069650 1. Entity Name JOSEPH JOHNSTON CHIROPRACTIC CLINIC, INC.					
Principal Place of Business 1230 SEMINOLA BLVD. CASSELBERRY, FL 32707			Mailing Address 1230 SEMINOLA BLVD. CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0779888			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSTON, JOSEPH 1230 SEMINOLA BLVD. CASSELBERRY, FL 32707			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	JOSEPH L JOHNSTON ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1230 SEMINOLA BLVD		NAME		
STREET ADDRESS	CASSELBERRY FL		STREET ADDRESS		
CITY-ST-ZIP	32707 PRESIDENT/TRUS/SEC		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joseph L Johnston</i> JOSEPH L JOHNSTON			Date: 7/27/04 Daytime Phone #: 407 695 0400		