

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072715

FILED
Apr 06, 2010
Secretary of State

Entity Name: PINE CASTLE CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

707 E OAK RIDGE RD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

707 E OAK RIDGE RD
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 42-1599268 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOFFMEISTER, WILLIAM S II
1426 MARY JEAN AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR
Name: HOFFMEISTER, WILLIAM S DR
Address: 1426 MARY JEAN AVE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM S HOFFMEISTER

DC

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date