

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078465

FILED
Apr 27, 2005
Secretary of State

Entity Name: LAMPE FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33990

New Principal Place of Business:

601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33909

Current Mailing Address:

601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33990

New Mailing Address:

601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33909

FEI Number: 20-0100010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPE, MICHAEL A
601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

LAMPE, MICHAEL A
601 DEL PRADO BLVD. NORTH
SUITE 5
CAPE CORAL, FL 33909 US

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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMPE, MICHAEL A
Address: 1409 SE 46TH LANE #208
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAMPE, MICHAEL A
Address: 3347 SE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LAMPE

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date