

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106657

**FILED**  
**Feb 20, 2005**  
**Secretary of State**

**Entity Name:** FLYNN CHIROPRACTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

3522 SOUTH FLORIDA AVENUE  
SUITE C  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

3810 SOUTH FLORIDA AVENUE  
SUITE A  
LAKELAND, FL 33813 US

**Current Mailing Address:**

3522 SOUTH FLORIDA AVENUE  
SUITE C  
LAKELAND, FL 33803 US

**New Mailing Address:**

3810 SOUTH FLORIDA AVENUE  
SUITE A  
LAKELAND, FL 33803 US

**FEI Number:** 20-0258344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLYNN, WENDY L D.C.  
3522 SOUTH FLORIDA AVENUE, SUITE C  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

FLYNN, WENDY L D.C.  
3810 SOUTH FLORIDA AVENUE, SUITE A  
LAKELAND, FL 33813 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:

02/20/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLYNN, WENDY L PRES  
Address: 3255 S. FLORIDA AVE., SUITE C  
City-St-Zip: LAKELAND, FL 33803 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FLYNN, WENDY L PRES  
Address: 3810 S. FLORIDA AVE., SUITE A  
City-St-Zip: LAKELAND, FL 33813 US

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: WENDY L. FLYNN, PRESIDENT

PRES

02/20/2005

Electronic Signature of Signing Officer or Director

Date