

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107883

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: J & M CHIROPRACTIC ENTERPRISES, INC.

## Current Principal Place of Business:

9545 SAN JOSE BOULEVARD  
SUITE A  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

## Current Mailing Address:

9545 SAN JOSE BOULEVARD  
SUITE A  
JACKSONVILLE, FL 32257

## New Mailing Address:

FEI Number: 20-0331864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSA, JOSEPH A  
1734 CHALET ST  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

MUSA, JOSEPH A  
3383 DOCTOR'S LAKE DR  
ORANGE PARK, FL 32065 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: JOSEPH MUSA

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUSA, JOSEPH A  
Address: 1734 CHALET ST  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: MUSA, MARY ANN  
Address: 1734 CHALET ST  
City-St-Zip: ORANGE PARK, FL 32003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: MUSA, JOSEPH A  
Address: 3383 DOCTOR'S LAKE DR.  
City-St-Zip: ORANGE PARK, FL 32065

Title: DR (X) Change ( ) Addition  
Name: MUSA, MARY ANN  
Address: 3383 DOCTOR'S LAKE DR.  
City-St-Zip: ORANGE PARK, FL 32065

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: MARY ANN MUSA

VP

02/15/2005

Electronic Signature of Signing Officer or Director

Date