


FILED  
Feb 10, 2005 8:00 am  
Secretary of State

02-10-2005 90049 031 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000030403</b>			
1. Entity Name COASTAL FAMILY CHIROPRACTIC, P.A.			
Principal Place of Business 10544 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952		Mailing Address 10544 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952	
2. Principal Place of Business 10504 S. Federal Hwy		3. Mailing Address 10504 S. Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL 34952	
Zip 34952	Country USA	Zip 34952	Country USA
4. FEI Number 20-0748397		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEACH, ANDREW R 10544 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952		7. Name and Address of New Registered Agent Name LEACH, Andrew R Street Address (P.O. Box Number is Not Acceptable) 10504 S. Federal Hwy City Port St. Lucie FL Zip Code 34952	
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 <u>Andrew R. Leach, President</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEACH, ANDREW R 10544 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEACH, Andrew R 10504 S. Federal Hwy Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEACH, ALLISON C 10544 S. FEDERAL HIGHWAY PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEACH, ALLISON C 10504 S. Federal Hwy Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Andrew R. Leach</u>		Andrew R. Leach IX 1-31-05 772 337 2748	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	