2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# P04000096470

Entity Name: HALEY LAMOURT CHIROPRACTIC INC

Current Principal Place of Business:

3687 WEBBER STREET
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

3687 WEBBER STREET
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 20-1284540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALMER, BRIAN
2937 BEE RIDGE ROAD
STE #2
SARASOTA, FL 34239 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: P ( ) Delete
Name: LAMOURT, MICHELE
Address: 3687 WEBBER STREET
City-St-Zip: SARASOTA, FL 34232 US

Title: VP ( ) Delete
Name: HALEY, JAMES E
Address: 3687 WEBBER STREET
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELE LAMOURT P 04/01/2005

Electronic Signature of Signing Officer or Director Date