2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90117 022 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P04000156455

1. Entity Name
CHIROPRACTIC EXPRESS, INC.

Principal Place of Business	Mailing Address
1939 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990 US	6240 14TH AVENUE SW NAPLES, FL 34116 US

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	1939 Del Prado Blvd S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cape Coral FL
Zip / Country	Zip / Country: Lee

4. FEI Number: 20-1886237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROBE, KIMBERLY A CPA 12734 KENWOOD LANE SUITE 9 FORT MYERS, FL 33907	Name: Deborah Jansen Street Address (P.O. Box Number is Not Acceptable): 1939 Del Prado Blvd S. City: Cape Coral FL Zip Code: 33990

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: Deborah Jansen — 7-6-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JANSEN, DEBORAH L 6240 14TH AVENUE SW NAPLES, FL 34116 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Deborah L. Jansen 1939 Del Prado Blvd S. Cape Coral FL 33990 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Deborah Jansen Deborah Jansen 7-6-05 239-458-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #