

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073954

FILED
Mar 09, 2006
Secretary of State

Entity Name: PALM COAST CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

4721 E. MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

4721 E. MOODY BLVD.
SUITE 204
BUNNELL, FL 32110

Current Mailing Address:

4721 E. MOODY BLVD.
BUNNELL, FL 32110

New Mailing Address:

4721 E. MOODY BLVD.
SUITE 204
BUNNELL, FL 32110

FEI Number: 20-2879652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEPS, DONALD J.
ATRIUM STE., 1 FLORIDA PARK DR. SOUTH
PALM COAST, FL 32137 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Change (X) Addition
Name: THORNTON, JENNIFER L
Address: 4721 E. MOODY BLVD. SUITE 204
City-St-Zip: BUNNELL, FL 32110 US

Title: DR. () Change (X) Addition
Name: DAVIS, KENNETH W
Address: 4721 E. MOODY BLVD. SUITE 204
City-St-Zip: BUNNELL, FL 32110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JENNIFER L THORNTON

DR.

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date