

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115379

Entity Name: LAKE COUNTY CHIROPRACTIC, INC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

2525 DORA AVENUE
MT DORA, FL 32757

New Principal Place of Business:

2345 STANFORD CT
602
NAPLES, FL 34112

Current Mailing Address:

PO BOX 618143
ORLANDO, FL 32861

New Mailing Address:

2231 AITKIN LOOP
LEESBURG, FL 34748

FEI Number: 20-5374743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-CHARLES, FRITZ
850 HONOLULU WOODS LANE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

MOISE, PIERRE C
2231 AITKIN LOOP
LEESBURG, FL 34748 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: PIERRE C. MOISE

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN-CHARLES, FRITZ
Address: PO BOX 618143
City-St-Zip: ORLANDO, FL 32861

Title: VP () Delete
Name: BIEN-AIME, GARDY
Address: 4723 ELDERWOOD COURT
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOISE, NIKENSTON
Address: 2231 AITKIN LOOP
City-St-Zip: LEESBURG, FL 34748

Title: VP (X) Change () Addition
Name: ALTHAZAR, MICHEL
Address: 7680 GRAMERCY DR
City-St-Zip: ORLANDO, FL 32818

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: NIKENSTON MOISE

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date