



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000058309 1. Entity Name ADVANCED CHIROPRACTIC NUTRITION CENTER, P.A.		
Principal Place of Business 440-A THIRD STREET NEPTUNE BEACH, FL 32266 US	Mailing Address 440-A THIRD STREET NEPTUNE BEACH, FL 32266 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent KJKA, THOMAS A 440-A THIRD ST NEPTUNE BEACH, FL 32266		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	KJKA, THOMAS A D.C.	
STREET ADDRESS	440-A THIRD STREET	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	V	
NAME	SHEPLER, SUSAN	
STREET ADDRESS	440-A THIRD ST	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Thomas A. KJKA		



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3328684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000617514
02/07/07-80078-018 150.00

**DO NOT WRITE
IN THIS SPACE**

1/31/07
Date

904-244-5999
Daytime Phone #