




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000093883</b>			
1. Entity Name <b>COMMUNITY CHIROPRACTIC CENTER OF CHARLOTTE COUNTY, INC.</b>			
Principal Place of Business <b>1680 EL JOBEAN ROAD, SUITE 4 PORT CHARLOTTE, FL 33948</b>		Mailing Address <b>1680 EL JOBEAN ROAD, SUITE 4 PORT CHARLOTTE, FL 33948</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0638046</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MENTZER, RICKY L 21426 SHELDON AVE. PORT CHARLOTTE, FL 33952</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	MENTZER, RICKY L		
STREET ADDRESS	21426 SHELDON AVE.		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
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 exemption stated in Section 119.07(3)(f), 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: 		Date: <b>4/30/04</b> (941) 627-5444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	