


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90016 046 \*\*\*150.00

<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>	
2. Principal Place of Business <b>4120 TAMiami TRAIL, SUITE B PORT CHARLOTTE, FL</b>		3. Mailing Address <b>4120 TAMiami TRAIL SUITE B PORT CHARLOTTE, FL</b>	
City & State <b>PORT CHARLOTTE, FL</b>		City & State <b>PORT CHARLOTTE, FL</b>	
Zip <b>33952</b>	Country <b>USA</b>	Zip <b>33952</b>	Country <b>USA</b>
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 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENTZER, RICKY L 21426 SHELDON AVE. PORT CHARLOTTE, FL 33952</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENTZER, RICKY L 21426 SHELDON AVE. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>8/26/05</b> Daytime Phone # _____	