

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90316 029 ***150.00

DOCUMENT # P97000000458					
1. Entity Name FT. MYERS CHIROPRACTIC AND NUTRITION CENTER, INC.					
Principal Place of Business 1429 COLONIAL BLVD FT MEYERS FL 33907			Mailing Address 1429 COLONIAL BLVD STE. 101 FT MEYERS FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0716125 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, BRAD 5516 MONTILLA DR. FT MEYERS FL 33919			7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name <u>Bradley W. Price</u> </div> <div style="border: 1px solid black; padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) <u>15860 Knightsbridge Ct</u> </div> <div style="border: 1px solid black; padding: 2px;"> City <u>Fr. Myers</u> FL Zip Code <u>33908</u> </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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 40%; text-align: right;"> DATE <u>5/20/05</u> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME PRICE, BRAD STREET ADDRESS 5516 MONTILLA DR CITY- ST- ZIP FT MEYERS FL 33919	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Bradley W. Price</u> STREET ADDRESS <u>15860 Knightsbridge Ct</u> CITY- ST- ZIP <u>Fr. Myers, FL 33908</u>				
TITLE T <input type="checkbox"/> Delete NAME CAROL Z PRICE STREET ADDRESS 5516 MONTILLA DR CITY- ST- ZIP FT MEYERS FL 33919	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>15860 Knightsbridge Ct</u> STREET ADDRESS <u>Fr. Myers, FL 33908</u>				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP				
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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 person 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: <u>Carl Z Price</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-05 (239) 939-3338 <small>Date Daytime Phone</small>		