

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000028202**

1. Entity Name  
**WORLD EXECUTIVE CHIROPRACTIC CENTER,  
PROFESSIONAL ASSOCIATION**



Principal Place of Business

**6412 N UNV DRIVE  
102  
TAMARA, FL 33065 US**

Mailing Address

**6412 N UNV DRIVE  
102  
TAMARA, FL 33065 US**



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0749100</b>	Applied For 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

**RAPP, BRUCE D.C.  
6412 N UNV DRIVE  
102  
TAMARA, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPP, BRUCE D.C. 6412 N. UNIVERSITY DR. #102 TAMARA, FL 33065
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03/08/04-80092-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **Bruce A. Rapp** *2/28/04* *954-277-7726*  
Director