

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -5 PM 12:57

DOCUMENT # P99000040185

1. Entity Name
ROCKLEDGE FAMILY CHIROPRACTIC, INC.



Principal Place of Business
1014 ROCKLEDGE AVE.
ROCKLEDGE, FL 32955

Mailing Address
1014 ROCKLEDGE AVE.
ROCKLEDGE, FL 32955



08312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3585856

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, RAYANN
1014 FLORIDA AVE.
ROCKLEDGE, FL 32955

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLY, RAYANN
STREET ADDRESS	1014 FLORIDA AVE.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/05/04--01032--013 **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 #

Dr Rayann Kelly 9-28-04 321-631-2225

10/5/04