

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000046798

1. Entity Name
NALDA FAMILY CHIROPRACTIC CENTER INC.



Principal Place of Business
4041 13TH ST
SAINT CLOUD, FL 34769

Mailing Address
P O BOX 700116
SAINT CLOUD, FL 34770-0116



05162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0997529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NALDA, ANTHONY G
1820 SIR LANCELOT CIRCLE
ST. CLOUD, FL 34772

**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)

05/16/05
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000368798
05/31/05-80016-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
NALDA, ANTHONY G
1820 S LANCELOT CIR.
SAINT CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPS
NALDA, MARTIER Y
1820 S LANCELOT CIR.
SAINT CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/05 407-957-1337
Date Daytime Phone #