2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P99000056655 1. Entity Name AKER CHIROPRACTIC, INC.						Secre	tary of Sta	ate
Principal Place of Busi	ness	Mailing Address			1			
} '		2226 GULF GATE DR.						
2226 GULF GATE DR. SARASOTA, FL 34236		SARASOTA, FL 34236						
3AKA301A, FL 34230 3AKA301A,		אויייייייייייייייייייייייייייייייייייי	,					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
			O the Ant Page		-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb	er		Applied For
City d Glato		Q.1.7 to 510.15			65-093		 -	Not Applicable
Zip	Country		Zip Country		5 Certificate of Status Desired S8.75 Additional			
	<u> </u>						Feo Requi	red
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
MALED WHILLIAM	IVALITO							
AKER, WILLIAM R 2226 GULF GATE DR.				Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34236								
					·	<u> </u>		
			ŀ	City			FL Zip Co	ode
8. The above named	entity submits this statemer	nt for the purpose of changing it	s registere	ed office or register	red agent, or bo	oth, in the State of F	lorida. I am familiar wit	h, and accept
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE D	D Delete TITU						☐ Change	Addition
NAME AKER, WILLIAM R							ĺ	
			ET ADDRESS					
CITY-ST-ZIP SARA				-ST-ZIP				7
TITLE	☐ Deiete TITL			 	☐ Change ☐ Addition ☐			
NAME DESCRIPTION	·*			ET ADDRESS	00000350629 05/02/05-80112-013 150.00			
STREET ADDRESS CITY-ST-ZIP			CITY - ST- ZIP			00,00,00	, owner nio i	00
TITLE		□ Dolote	TITLE				☐ Change	Addition
NAME				í				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME	ė		NAME	<u> </u>				Í
STREET ADDRESS				ET ADDRESS				-
CITY-ST-ZIP			CITY	-ST-ZIP			<u></u>	
TITLE		☐ Delete	TITLE	}			☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			•	ET ADDRES\$				
CITY-SI-ZIP				ST-ZIP		··	Г 0b	☐ Addition
TITLE NAME		☐ Delete	TITLE	I			Change	: Addition
STREET ADDRESS				ET ADDRESS				İ
CITY-ST-ZIP				-SY-ZIP				
12. I hereby certify that	at the information supplied	with this filing does not qualify for	or the exer	nption stated in Se	ction 119.07(3)	(i), Florida Statutes.	. I further certify that the	information
indicated on this r	eport or supplemental repo	ort is true and accurate and that	my signat	ure shall have the	same legal effe	ct as if made under	oath; that I am an office	er or director or Block 11 if
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR. Cayling Phone 8								
		$/$ \sim	illia	m rock	y so ke	relate	9/11-92	5-71/5
SIGNATURE	SIGNATURE AND TYPED	ON PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR		Date	Daytime Phone	<u> </u>
L				105072	·			