


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90007 001 ***150.00

DOCUMENT # P99000061078

1. Entity Name
 PEACE RIVER ACUPUNCTURE, INC.
DBA CHAN'S CHINESE ACUPUNCTURE



Principal Place of Business Mailing Address

~~100 MADRID BLVD.~~ ~~524 PALM AVE.~~
~~SUITE 111~~ ~~PUNTA GORDA, FL 33950~~
~~PUNTA GORDA, FL 33950~~

14023501



2. Principal Place of Business 3. Mailing Address

7809 LAUREL AVE **7311 INDIAN HILL RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 12

03152003 Chg-P CR2E034 (10/03)

City & State City & State

CINCINNATI OH **CINCINNATI OH**

Zip Country Zip Country

45243 **US** **45243-4021** **US**

4. FEI Number Applied For

65-0945473 Not Applicable

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

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P
115 W OLYMPIA AVE
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

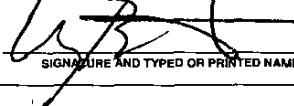
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILSON, LYNN B	NAME	
STREET ADDRESS	524 PALM AVENUE	STREET ADDRESS	7311 INDIAN HILL RD
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	CINCINNATI OH 45243-4021
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:  **LYNN B. TILSON** **1-2-04 941 286 1027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #