## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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## Mar 23, 2005 8:00 am DOCUMENT # P99000079790 **Secretary of State** 03-23-2005 90044 048 \*\*\*150.00 WINTER PARK FAMILY CHIROPRACTIC CENTER, INC. Principal Place of Business Mailing Address 2407 ALOMA AVE WINTER PARK FL 32792 2407 ALOMA AVE WINTER PARK FL 32792 gige ju gegalf 18 19 2. Principal Place of Business 3. Mailing Address 225 Edin burgh Suite, Apt. #, etc. 225 Edin burgh Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Winter Park 59-3597325 Winter Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'ANNA, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 200 ST ANDREWS BLVD #2707 WINTER PARK FL 32792 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. Susan D'Anna Feas. FILE NOW!!! FEE.IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Addition TITLE □ Delete 225 Edichurgh Prive D'ANNA, DOMINICK NAME NAME 2407 ALOMA AVE STREET ADDRESS STREET ADDRESS Winter Park, Fl. 32792 CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7IP VΡ Addition ☐ Delete TITLE TITLE 2463 Brookshire Ave NAME NAME D'ANNA, JOSEPH STREET ADDRESS STREET ADDRESS 2633 AMSDIN RD WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME D'ANNA, SUSAN STREET ADDRESS STREET ADDRESS 2633 AMSDEN RD CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

FILED

Susan D'Anne tree. 3/15/05 407-671-6166
DRIECTOR Date Degrame Phone #