


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90002 030 ***550.00

DOCUMENT # P02000098448

1. Entity Name
S & A ACUPUNCTURE, P.A.



Principal Place of Business
**3405 N TROPICAL TRAIL
 MERRITT ISLAND FL**

Mailing Address
**3405 N TROPICAL TRAIL
 MERRITT ISLAND FL**

2. Principal Place of Business
154 SOUTH WOODS DR


3. Mailing Address

Suite, Apt. #, etc.

City & State
ROCKLEDGE FL

City & State

Zip
32955 Country
U.S.



MOORE CR2E034 (4/04)

4. FEI Number **90-0051116** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L ESO
 1970 MICHIGAN AVE BLDG C
 COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **SOILEAU, John L. ESQ**

Street Address (P.O. Box Number is Not Acceptable)
3490 N. US HWY 1

City **Co CoA** FL Zip Code **32926**

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 **JOHN L. SOILEAU** DATE **8/28/04**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHANG, AMOS Y |
| STREET ADDRESS | 3405 N TROPICAL TRAIL |
| CITY-ST-ZIP | MERRITT ISLAND FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CHANG, SHU-LI T |
| STREET ADDRESS | 3405 N TROPICAL TRAIL |
| CITY-ST-ZIP | MERRITT ISLAND FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: **SHU-LI CHANG** Date **8/31/04** Daytime Phone # **321-639-7066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR