

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 274172

1. Entity Name
CASTLE PHARMACY, INC.



Principal Place of Business
**2611 BAYSHORE BLVD
1003
TAMPA, FL 33629**

Mailing Address
**2611 BAYSHORE BLVD
SUITE 1003
TAMPA, FL 33629 US**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 59-1024308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRANGE, EDWARD C
2611 BAYSHORE BLVD.
APT. 1003
TAMPA, FL 33629**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRANGE, EDWARD C
STREET ADDRESS	2611 BAYSHORE APT 1003
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	STD
NAME	PRANGE, ALICE P
STREET ADDRESS	2611 BAYSHORE APT 1003
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000430406
02/22/06-80045-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/8/06 **813-361-7737**
Date Daytime Phone #