

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 274172

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** CASTLE PHARMACY, INC.

**Current Principal Place of Business:**

2611 BAYSHORE BLVD  
# 1003  
TAMPA, FL 33629

**New Principal Place of Business:**

2611 BAYSHORE BLVD  
# 1003  
TAMPA, FL 336297364

**Current Mailing Address:**

2611 BAYSHORE BLVD  
SUITE 1003  
TAMPA, FL 33629 US

**New Mailing Address:**

2611 BAYSHORE BLVD  
SUITE 1003  
TAMPA, FL 336297364 US

**FEI Number:** 59-1024308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PRANGE, EDWARD C  
2611 BAYSHORE BLVD.  
APT. 1003  
TAMPA, FL 336297364 US

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.

SIGNATURE: \_\_\_\_\_

04/22/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRANGE, EDWARD C  
Address: 2611 BAYSHORE APT 1003  
City-St-Zip: TAMPA, FL 33629

Title: STD ( ) Delete  
Name: PRANGE, ALICE P  
Address: 2611 BAYSHORE APT 1003  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRANGE, EDWARD C  
Address: 2611 BAYSHORE APT 1003  
City-St-Zip: TAMPA, FL 336297364

Title: STD (X) Change ( ) Addition  
Name: PRANGE, ALICE P  
Address: 2611 BAYSHORE APT 1003  
City-St-Zip: TAMPA, FL 336297364

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. PRANGE

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date