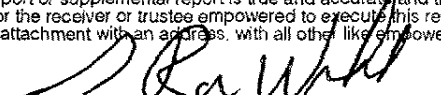


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 333670 1. Entity Name WEBB'S FORT MYERS PRESCRIPTION SHOP, INC.					
Principal Place of Business 3594 S. BROADWAY FT. MYERS FL 33901			Mailing Address 3594 S. BROADWAY FT. MYERS FL 33901		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1217768 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, MILAM ROSS 18356 DEEP PASSAGE LANE FT MYERS FL 33931				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, MILAM ROSS 18356 DEEP PASSAGE LANE FT. MYERS, FL 33931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000200567 01/28/05-80028-010 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBB, STEPHANIE 18356 DEEP PASSAGE LANE FT. MYERS, FL 33931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, ELIZABETH 11640 HOMESTEAD LN FORT MYERS FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					