

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429537

FILED
Jan 07, 2004
Secretary of State

Entity Name: CANTONMENT PHARMACY, INC.

Current Principal Place of Business:

433 HIWAY 29 SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

433 HIWAY 29 SOUTH
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-1469854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

READING, JOHN T SR.
433 HIWAY 29 SOUTH
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: READING, JOHN T SR.
Address: 3407 RIVER GARDEN CIR
City-St-Zip: PENSACOLA, FL

Title: VP () Delete
Name: CADENHEAD, KIMBERLY
Address: 1039 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: READING, JOHN JR
Address: 3046 E KINGSFIELD RD
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: BASS, DEBORAH
Address: 38 SUGARBERRY DR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: READING, JOHN JR
Address: 968 BROKEN ARROW LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN T. READING SR.

VP

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date