

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 047 ***150.00



DOCUMENT # 567267
 1. Entity Name
FLORIDA PHARMACY JOURNAL, INC.

Principal Place of Business
**610 N. ADAMS STREET
 TALLAHASSEE, FL 32301**

Mailing Address
**610 N. ADAMS STREET
 TALLAHASSEE, FL 32301**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-1845552

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

**JACKSON, MICHAEL A
 610 NO ADAMS STREET
 TALLAHASSEE, FL 32301**

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 *Michael A. Jackson* **MICHAEL A. JACKSON EDITOR-IN-CHIEF** **1/7/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Delete
 NAME **ZAENGER, PEGGY A PHARM**
 STREET ADDRESS **2708 SAINT JOHNS AVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **VD** Change Addition
 NAME **ZAENGER, PEGGY ANN**
 STREET ADDRESS **2708 SAINT JOHNS AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205-8213**

TITLE **DT** Delete
 NAME **TUELL, KEN**
 STREET ADDRESS **220 ELMCREST DRIVE**
 CITY-ST-ZIP **HOLLY SPRINGS, NC 27540**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** Delete
 NAME **JACKSON, MICHAEL A**
 STREET ADDRESS **6440 JUSTIN GRANT TRAIL**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **ASTLE, ELIZABETH**
 STREET ADDRESS **1611 SPARKLING COURT**
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **JD** Change Addition
 NAME **ASTLE, ELIZABETH**
 STREET ADDRESS **1611 SPARKLING COURT**
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **VD** Delete
 NAME **DALIN, GARY**
 STREET ADDRESS **4030 LANSING AVE**
 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **PD** Change Addition
 NAME **DALIN, GARY**
 STREET ADDRESS **4030 LANSING AVE 13750 PLAZA MAYOR DR**
 CITY-ST-ZIP **COOPER CITY DELRAY BEACH, FL 33446**

TITLE **D** Delete
 NAME **BERGEMANN, DON**
 STREET ADDRESS **214 HOLLOW OAK COURT**
 CITY-ST-ZIP **TARPOON SPRINGS, FL 34689**

TITLE **DT** Change Addition
 NAME **BERGEMANN, DON**
 STREET ADDRESS **214 HOLLOW OAK COURT**
 CITY-ST-ZIP **TARPOON SPRINGS, FL 34689**

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: *Michael A. Jackson* **MICHAEL A. JACKSON** **1/7/04** **(850)222-2400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #