

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003452

FILED
May 05, 2004
Secretary of State

Entity Name: PHARMACY STAFFING AND BUSINESS SOLUTIONS INCORPORATED

Current Principal Place of Business:

4602 35TH STREET SUITE 100
ORLANDO, FL 32811

New Principal Place of Business:

4502 35TH STREET SUITE 100
ORLANDO, FL 32811

Current Mailing Address:

4630 S KIRKMAN RD
#135
ORLANDO, FL 32811

New Mailing Address:

4502 35TH ST STE 100
ORLANDO, FL 32811

FEI Number: 61-1362564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRY, THOMAS J
1245 OAKDALE ST.
WINDERMERE, FL 34786 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FRY, THOMAS J
Address: 1245 OAKDALE ST.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS J FRY

PRES

05/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date