


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # H78562
 1. Entity Name
THE TOWERS PHARMACY, INC.



Principal Place of Business
**1717 N "E" ST., SUITE 320
 PENSACOLA, FL 32501-6335 US**

Mailing Address
**1717 N "E" ST
 STE 320, ATTN J KEHOE
 PENSACOLA, FL 32501 US**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2667929 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORTER, JOHN
 1717 N. E. ST.
 STE. 320
 PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

UD0000504257
 04/25/06-80065-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PORTER, JOHN 1717 N. E. ST., STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YADEN, DEBRA 1717 N. E. ST, STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGEE, ELEANOR 1540 GLENNA LANE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, BOB 1717 N. "E" ST., STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Debra Yaden* Debra Yaden, Asst. Sec. 4/5/06 850/469-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #