


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000991788
 04/16/08-80014-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PORTER, JOHN
STREET ADDRESS	1717 N. E. ST., STE. 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	AS
NAME	YADEN, DEBRA
STREET ADDRESS	1717 N. E. ST. STE. 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	STD
NAME	MCGEE, ELEANOR
STREET ADDRESS	1540 GLENNA LANE
CITY-ST-ZIP	CANTONMENT, FL
TITLE	VP
NAME	WILSON, BOB
STREET ADDRESS	1717 N. "E" ST., STE. 320
CITY-ST-ZIP	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.** 3/26/08 850/469-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #