

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28968

FILED
Jan 09, 2008
Secretary of State

Entity Name: DAN'S PHARMACY, INC.

Current Principal Place of Business:

10205 LAKE CARROLL WAY
TAMPA, FL 336181405

New Principal Place of Business:

Current Mailing Address:

10205 LAKE CARROLL WAY
TAMPA, FL 336181405

New Mailing Address:

FEI Number: 59-2707373 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FUCARINO, DAN
10205 LAKE CARROLL WAY
TAMPA, FL 33618 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: D () Delete
Name: FUCARINO, DANIEL D.,
Address: 10205 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: FUCARINO, LAURA W.,
Address: 10205 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: FUCARINO, MORRIS D.,
Address: 8411 SW 60TH AVE
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: TAUCHER, RODNEY
Address: 3114 SAMARA DR.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUCARINO, DANIEL D.,
Address: 10205 LAKE CARROLL WAY
City-St-Zip: TAMPA, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAN FUCARINO

D

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date