


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K03112
 1. Entity Name
 PHARMACIST PREFERRED, INC.



Principal Place of Business Mailing Address
 3375 - I CAPITAL CIR NE 3375 - I CAPITAL CIR NE
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3019781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FUCARINO, DAN
 3375-I CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	FUCARINO, DAN
STREET ADDRESS	3375-I CAPITAL CIR. NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	BURNSIDE, ROBERT H
STREET ADDRESS	3375-I CAPITAL CIR NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	STAMITOLES, MIKE
STREET ADDRESS	2830 INVERNESS CT.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	S
NAME	PARKER, RON
STREET ADDRESS	3375-I CAPITAL CIRCLE, NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/04/05-80053-006 450.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dan Fucarino 4/4/05 850-650-0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #