

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K90554

**FILED  
Feb 13, 2004  
Secretary of State**

**Entity Name:** RX SERVICES CORPORATION

**Current Principal Place of Business:**

2665 CLEVELAND AVENUE  
#103  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2665 CLEVELAND AVE  
103  
FT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 65-0126097      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSIE, CHARLES A.  
14751 EDEN ST  
FT MYERS, FL 33908 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: PD ( ) Delete  
Name: MASSIE, CHARLES A.,  
Address: 14751 EDEN ST  
City-St-Zip: FT MYERS, FL

Title: SD ( ) Delete  
Name: MASSIE, BETTY A.,  
Address: 14751 EDEN STREET  
City-St-Zip: FT MYERS, FL

Title: VD ( ) Delete  
Name: JACOBS, BRUCE P.,  
Address: 6799 HIGHLAND PINES CIRCLE  
City-St-Zip: FT. MYERS, FL

Title: TD ( ) Delete  
Name: JACOBS, ROBIN J.,  
Address: 6799 HIGHLAND PINES CIRCLE  
City-St-Zip: FT. MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: BRUCE JACOBS

VD

02/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date