


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90059 008 ***150.00

DOCUMENT # **M52247**

1. Entity Name
MEDCO OF FLORIDA, INC.



Principal Place of Business
**3010 PHOEBE LANE
DELRAY BEACH FL 33444
US**

Mailing Address
**3010 PHOEBE LANE
DELRAY BEACH FL 33444
US**



2. Principal Place of Business - No P.O. Box #
9780 SE 146th PLACE

3. Mailing Address
9780 SE 146th PLACE

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
SUMMERFIELD, FL

City & State
SUMMERFIELD, FL

Zip
34491 Country
USA

Zip
34491 Country
USA

4. FEI Number **59-2826278** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOCKER, KATHLEEN A.
3010 PHOEBE LANE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9780 SE 146th PLACE

City **SUMMERFIELD** FL Zip Code **34491**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS BLOCKER, KATHLEEN A. 3010 PHOEBE LANE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCKER, KATHLEEN A. 3010 PHOEBE LANE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 9780 SE 146th PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 9780 SE 146th PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen A. Blocker **KATHLEEN A. BLOCKER** 2/5/07 352-288-3795

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