


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # M69174 1. Entity Name PREFERRED PHARMACY, INC. |  |
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FILED
06 APR 27 AM 11:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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



02222006 No Chg-P CR2E034 (11/05)

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| | |
|---|--|
| 4. FEI Number 59-3019779 | Applied For <input type="checkbox"/> 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 CIR 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 _____ 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, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | SD |
| NAME | FUCARINO, DAN |
| STREET ADDRESS | 3375-I CAPITAL CIRCLE NE 10205 LAKE CARROLL WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 TAMPA, FL 33610 |
| TITLE | T |
| NAME | BURNSIDE, ROBERT H |
| STREET ADDRESS | 3375-I CAPITAL CIRCLE NE 6 TWICKENHAM CT. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 COLUMBIA, SC 29209 |
| TITLE | P |
| NAME | TANNER MUNCY, CYNTHIA |
| STREET ADDRESS | 3375-I CAPITAL CIRCLE NE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | S |
| NAME | PARKER, RON |
| STREET ADDRESS | 3375-I CAPITAL CIRCLE NE 5020 COMMERCE PARK CR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 PENSACOLA, FL 32505 |
| TITLE | |
| NAME | <i>ACB</i> |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/08/06--01015--020 **450.00

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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: Cynthia Muncy CYNTHIA T MINCY 4/21/06 850-456-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #