## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000081783

Entity Name: DISCOUNT MEDICAL STOCKINGS, INC.

1562 BLUE POINT AVE.

NAPLES, FL 34102

Address:

City-St-Zip:

FILED Jan 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2335 TAMIAMI TR STE 204-A NAPLES, FL 34103 **New Mailing Address: Current Mailing Address:** 2335 TAMIAMI TR STE 204-A NAPLES, FL 34103 FEI Number: 59-3669193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRISON, DAVID N ESQ. 4933 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition MORRISON, THERESA L Name: Name: 5333 SYCAMORE DR. Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: WELLUM, JOHN S Name: WELLUM, JOHN S

Address:

City-St-Zip:

1562 BLUE POINT AVE.

NAPLES, FL 34102

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: JOHN S. WELLUM P 01/05/2005