

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147172

FILED
Sep 20, 2004
Secretary of State

Entity Name: MSE PHARMACY, INC.

Current Principal Place of Business:

310 JONES AVENUE
HAINES CITY, FL 33844

New Principal Place of Business:

4607 N CLARK AVE.
TAMPA, FL 33614

Current Mailing Address:

310 JONES AVENUE
HAINES CITY, FL 33844

New Mailing Address:

4607 N CLARK AVE
TAMPA, FL 33614

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOVONI, HARDING & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 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: D () Delete
Name: ST. PETER, LISA
Address: 318 ROSSLYN ROAD
City-St-Zip: CARNEGIE, PA 15106

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOXSTEAD, MICHAEL
Address: 4607 N CLARK AVE.
City-St-Zip: TAMPA, FL 33614

Title: D () Change (X) Addition
Name: GREEN, BRIAN
Address: 4607 N CLARK AVE
City-St-Zip: TAMPA, FL 33614

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: MICHAEL BOXSTEAD

D

09/20/2004

Electronic Signature of Signing Officer or Director

_____ Date