

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147172

Entity Name: MSE PHARMACY, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

4607 N CLARK AVE.
TAMPA, FL 33614

New Principal Place of Business:

1505-1509 SIXTH STREET NW
WINTER HAVEN, FL 33881

Current Mailing Address:

4607 N CLARK AVE
TAMPA, FL 33614

New Mailing Address:

1505-1509 SIXTH STREET NW
WINTER HAVEN, FL 33881

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:

CADDICK, ROBERT L
4607 N. CLARK AVE.
TAMPA, FL 33614 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: ROBERT L. CADDICK

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOXTED, MICHAEL
Address: 1505-1509 SIXTH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: DPST (X) Change () Addition
Name: GREEN, BRIAN
Address: 1505-1509 SIXTH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

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: BRIAN GREEN

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date