


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000051792

1. Entity Name
C AND P LEWIS PHARMACY, INC.



Principal Place of Business _____ Mailing Address _____
235 SOUTH COUNTRY RD 235 SOUTH COUNTRY RD
PALM BEACH FL 33480 PALM BEACH FL 33480

2. Principal Place of Business _____ 3. Mailing Address _____
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

City & State _____ City & State _____

Zip _____ Country _____ Zip _____ Country _____



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

SHADOWITZ, MITCHELL L ESQ.
1200 N. FEDERAL HWY.
SUITE 200
BOCA RATON FL 33432

4. FEI Number **65-0506207** Applied For _____
 Not Applicable _____

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title, if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PISANO, JR. J	
STREET ADDRESS	2690 NW 48TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARBONE, MICHAEL	
STREET ADDRESS	18560 HARBOR LIGHT WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

UN00000259683
03/11/05-80035-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/8/05** **561-650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #