

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2008 8:00 am
Secretary of State**

03-27-2008 90024 029 ***150.00

DOCUMENT # P00000049739 1. Entity Name ENSLEY PHARMACY, INC.	
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Principal Place of Business 8814 PALAFOX HWY STE C PENSACOLA, FL 32534	Mailing Address 8814 PALAFOX HWY STE C PENSACOLA, FL 32534
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66007349



01072008 No Chg-P CR2E034 (11/05)

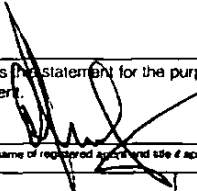
4. FEI Number 59-3654558	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CREAHAN, DAVID J 8814 PALAFOX HWY STE C PENSACOLA, FL 32534

**DO NOT WRITE
IN THIS SPACE**

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.

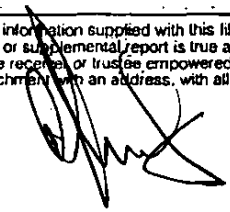
SIGNATURE:  DATE: **3/17/08**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when terminating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREAHAN, DAVID J JR 9672 FOX RUN RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREAHAN, CHARLOTTE E 9672 FOX RUN RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/16/08**