

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236836

FILED
Jan 18, 2005
Secretary of State

Entity Name: VILLAGE SQUARE PHARMACY, INC.

Current Principal Place of Business:

1955 SOUTHCREEK BLVD
DAYTONA BEACH, FL 32128

New Principal Place of Business:

Current Mailing Address:

1955 SOUTHCREEK BLVD
DAYTONA BEACH, FL 32128

New Mailing Address:

FEI Number: 59-0906535 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARNETT, WILLIAM M.
1955 SOUTHCREEK BLVD
DAYTONA BEACH, FL 32124 US

Name and Address of New Registered Agent:

BARNETT, WILLIAM M.
1955 SOUTHCREEK BLVD
DAYTONA BEACH, FL 32128 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

01/18/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNETT, WILLIAM M.,
Address: 1955 SOUTHCREEK BLVD
City-St-Zip: DAYTONA BEACH, FL

Title: V () Delete
Name: BARNETT, MARY JO,
Address: 1955 SOUTHCREEK BLVD
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARNETT, WILLIAM M.,
Address: 1955 SOUTHCREEK BLVD
City-St-Zip: DAYTONA BEACH, FL 32128

Title: V (X) Change () Addition
Name: BARNETT, MARY JO,
Address: 1955 SOUTHCREEK BLVD
City-St-Zip: DAYTONA BEACH, FL 32128

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: WILLIAM M. BARNETT

Electronic Signature of Signing Officer or Director

PRES

01/18/2005

Date