2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 293052

1. Entity Name
CHARLES PHARMACY INC

Principal Place of Business
5987 BERRYHILL RD
MILTON, FL 32570 US

Mailing Address
5987 BERRYHILL RD
MILTON, FL 32570 US

06282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1095372 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARCHETA VANLANDINGHAM
6253 WILLARD NORRIS RD.
MILTON, FL 32570

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VANLANDINGHAM,CHARLES F
STREET ADDRESS	6253 WILLARD NORRIS RD.
CITY-ST-ZIP	MILTON, FL
TITLE	VD
NAME	WILLIAMS, OSWELL JR
STREET ADDRESS	5341 BISHOP RD.
CITY-ST-ZIP	MILTON, FL
TITLE	MDS
NAME	VANLANDINGHAM, MARCHETA
STREET ADDRESS	6253 WILLARD NORRIS RD
CITY-ST-ZIP	MILTON, FL
TITLE	TD
NAME	WILLIAMS, ELAINE
STREET ADDRESS	5341 BISHOP RD.
CITY-ST-ZIP	MILTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/05-80005-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles F Vanlandingham — 6/19/05 — 850-623-6008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #