

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 298304

Entity Name: MULBERRY PHARMACY, INC.

**FILED**  
**Aug 20, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

1009 N. CHURCH  
PO BOX 767  
MULBERRY, FL 33860 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1009 N. CHURCH  
PO BOX 767  
MULBERRY, FL 33860 US

## **New Mailing Address:**

FEI Number: 59-1148678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SLAUGHTER, JEROLD T.  
1009 N. CHURCH  
PO BOX 767  
MULBERRY, FL 33860 US

## **Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SLAUGHTER, JEROLD T.,  
Address: 1009 N. CHURCH  
City-St-Zip: MULBERRY, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SLAUGHTER, JEROLD T.,  
Address: 1009 N. CHURCH  
City-St-Zip: MULBERRY, FL 33860

Title: STD ( ) Change (X) Addition  
Name: SLAUGHTER, ELIZABETH S  
Address: 6620 LAKE CLARK DRIVE  
City-St-Zip: LAKE LAND, FL 33813

Title: VD ( ) Change (X) Addition  
Name: SLAUGHTER, THOMAS K  
Address: 5809 WINDWOOD DRIVE  
City-St-Zip: LAKE LAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELIZABETH S SLAUGHTER

STD

08/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date