


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # 299025 1. Entity Name OSSI'S APOTHECARY, INC.	
---	---

Principal Place of Business 9852 BAYMEADOWS RD JACKSONVILLE, FL 32256 US	Mailing Address 9852 BAYMEADOWS RD JACKSONVILLE, FL 32256 US
--	--



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1148287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OSSI, JOHN 9852 BAYMEADOWS RD JACKSONVILLE, FL 32256

**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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

*ck go
31. Dept of State*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSSI, SUE 947 ORIENTAL GARDENS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, LISA O 9852 BAYMEADOWS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSSI, DONNA 9852 BAYMEADOWS RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593602
01/22/07-80038-012 150.00

**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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 9046415555
Date Daytime Phone #