

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 299025 1. Entity Name OSSI'S APOTHECARY, INC.	
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Principal Place of Business 9852 BAYMEADOWS RD JACKSONVILLE, FL 32256 US	Mailing Address 9852 BAYMEADOWS RD JACKSONVILLE, FL 32256 US
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1148287	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	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	

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02/28/08-80010-005 150.00

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: *Donna Ossi* 2-15-08 9046415555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #