2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 328940

Entity Name: JAY PHARMACY OF JAY, FLORIDA, INC.

Current Principal Place of Business:

14088 ALABAMA ST
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 367
JAY, FL 32565

New Mailing Address:

FEI Number: 59-1227412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS,CECIL
14088 ALABAMA ST.
JAY, FL 32565 US

Name and Address of New Registered Agent:

PHILLIPS, CECIL
14088 ALABAMA ST.
JAY, FL 32565 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: CECIL PHILLIPS 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILLIPS,CECIL
Address: RT. #3 5136 OILWELL RD
City-St-Zip: JAY, FL

Title: VP ( ) Delete
Name: PHILLIPS, MARGARET W
Address: RT 3 5136 OIL WELL RD
City-St-Zip: JAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CECIL PHILLIPS P 04/30/2009
Electronic Signature of Signing Officer or Director Date