2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# 351175

Entity Name: WEISE PRESCRIPTION SHOP, INC.

Current Principal Place of Business:

4343 COLONIAL AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4343 COLONIAL AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1269400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISE, JO H PRES
8601 EMERALD ISLE CIRCLE N
JACKSONVILLE, FL 32216 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEISE, JO H
Address: 8601 EMERALD ISLE CIR.N.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: CHEEK, SPURGEON
Address: P.O. BOX 636
City-St-Zip: CROSS CITY, FL 32628

Title: D ( ) Delete
Name: CHEEK, THOMAS C SR.
Address: P.O. DRAWER D
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: WEISE, GILBERT N JR.
Address: 1468 MALLARD LANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JO H WEISE P 02/10/2007

Electronic Signature of Signing Officer or Director — Date