

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 354443

FILED
Feb 21, 2005
Secretary of State

Entity Name: PARK & KING PHARMACY, INC.

Current Principal Place of Business:

2665 PARK STREET
JACKSONVILLE, FL 322044519

New Principal Place of Business:

Current Mailing Address:

2665 PARK STREET
JACKSONVILLE, FL 322044519

New Mailing Address:

FEI Number: 59-1273916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, WILLIAM
2665 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CARTER, GREGORY S OWNER
2665 PARK STREET
JACKSONVILLE, FL 32204 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: GREGORY S CARTER

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, WILLIAM,
Address: 4826 KING RICHARD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: TS () Delete
Name: CARTER, HELEN,
Address: 4826 KING RICHARD
City-St-Zip: JACKSONVILLE, 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 for the exemption stated in Section 119.07(3)(i), 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: JAMES D DOUGHFMAN

GM

02/21/2005

Electronic Signature of Signing Officer or Director

Date