

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 354443

FILED
Jan 09, 2006
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, GREGORY S OWNER
2665 PARK STREET
JACKSONVILLE, FL 32204 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: PSTD () Delete
Name: CARTER, GREGORY S
Address: 1865 SALT MYRTLE LANE
City-St-Zip: ORANGE, FL 32003

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, GREGORY S
Address: 1865 SALT MYRTLE LANE
City-St-Zip: ORANGE, FL 32003

Title: S () Change (X) Addition
Name: CARTER, MARY JANE
Address: 1865 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Change (X) Addition
Name: DOUGHFMAN, JAMES
Address: 73 MORNING MEADOW LE
City-St-Zip: ORANGE PARK, FL 32073

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: GREGORY S. CARTER

P

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date