2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 360040

1. Entity Name

HABANA HOSPITAL PHARMACY, INC.



02072005

Principal Place of Business

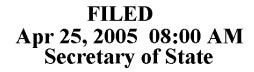
4710 N. HABANA AVE. SUITE 101

TAMPA, FL 33614

Mailing Address

4710 N. HABANA AVE.

SUITE 101 TAMPA, FL 33614



CR2E034 (10/03)



DO NOT WRITE IN THIS SPACE

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-	4. FEI Number	 Applied For	
	59-1296170	Not Applicable	
	5. Certificate of Status Desired	 \$8.75 Additional	

6. Name and Address of Current Registered Agent

DYKES, WALTER E 4710 N. HABANA AVE., SUITE 101 TAMPA, FL 33614

SIGNATURE: 1

DO NOT WRITE IN THIS SPACE

No Chg-P

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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYKES, WALTER E 11212 CARROLLWOOD DRIVE TAMPA, FL						
title Name Street Address City-St-Zip	D DYKES, ANN P 11212 CARROLLWOOD DRIVE TAMPA, FL				14/25/05-80097-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify 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 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.							