


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 360040	
1. Entity Name HABANA HOSPITAL PHARMACY, INC.	

Principal Place of Business 4710 N. HABANA AVE. SUITE 101 TAMPA, FL 33614	Mailing Address 4710 N. HABANA AVE. SUITE 101 TAMPA, FL 33614
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02012008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1296170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYKES, WALTER E 11212 CARROLLWOOD DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DYKES, ANN P 11212 CARROLLWOOD DRIVE TAMPA, FL 33618
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 02/15/08-80025-017 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Walter E. Dykes* Walter E. Dykes 2-1-08 (813) 872-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #