

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90021 008 \*\*\*150.00

**DOCUMENT # 381294**

1. Entity Name  
**COLLEGE HILL PHARMACY, INC.**



**Principal Place of Business**

3503 N 22 ST  
P. O. BOX 76045  
TAMPA, FL 33605

**Mailing Address**

3503 N 22 ST  
P. O. BOX 76045  
TAMPA, FL 33605

**50057097**



07082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1348358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HAMILTON, FRANK E  
~~2620 W. KENNEDY BLVD.~~ **712 W. Platt St.**  
~~TAMPA, FL 33609~~ **Tampa, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

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 *Frank E. Hamilton Jr.* **FRANK E. HAMILTON JR** **7/13/05**  
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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HARVEY JR, PERRY C  
STREET ADDRESS 3503 N. 22 STREET  
CITY-ST-ZIP TAMPA, FL

TITLE SD  
NAME BROWN, RUTH H.  
STREET ADDRESS 3503 N. 22 STREET  
CITY-ST-ZIP TAMPA, FL

TITLE VP  
NAME HARVEY, GUSTAVA B  
STREET ADDRESS 203 N. WILLOW AVE.  
CITY-ST-ZIP TAMPA, FL

TITLE D  
NAME KEEL, DOROTHY H  
STREET ADDRESS 6705 N. 32ND STREET  
CITY-ST-ZIP TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Ruth H Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 14, 2005* **812-248 2767**  
Date Daytime Phone #