

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**-Feb-09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 429537**

1. Entity Name  
CANTONMENT PHARMACY, INC.



Principal Place of Business  
433 HIWAY 29 SOUTH  
CANTONMENT, FL 32533

Mailing Address  
433 HIWAY 29 SOUTH  
CANTONMENT, FL 32533



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1469854

Applied For  
Not Applicable

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

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

READING, JOHN T SR.  
433 HIWAY 29 SOUTH  
CANTONMENT, FL 32533

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000426553  
02/20/06-80048-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME READING, JOHN T SR.  
STREET ADDRESS 3407 RIVER GARDEN CIR  
CITY-ST-ZIP PENSACOLA, FL

TITLE VP  
NAME READING, JOHN JR  
STREET ADDRESS 968 BROKEN ARROW LANE  
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE VP  
NAME BASS, DEBORAH  
STREET ADDRESS 38 SUGARBERRY DR.  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

JOHN T. READING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-968-9992

Daytime Phone #