



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90086 001 ***220.00

DOCUMENT # 567267 1. Entity Name FLORIDA PHARMACY JOURNAL, INC.					
Principal Place of Business 610 N. ADAMS STREET TALLAHASSEE, FL 32301			Mailing Address 610 N. ADAMS STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1845552	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACKSON, MICHAEL A 610 NO ADAMS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Michael A. Jackson</u> MICHAEL A. JACKSON 4/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAENGER, PEGGY A PHARM 2627 RIVERSIDE AVE JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAENGER, PEGGY A 2627 RIVERSIDE AVE JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JACKSON, MICHAEL A 6440 JUSTIN GRANT TRAIL TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATSY POWERS 1349 OLD VILLAGE ROAD TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCQUONE, MICHAEL J 1520 OLD FIELD DR TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALIN, GARY 13750 PLAZA MANOR DR DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALIN, GARY 13750 PLAZA MANOR DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERGEMANN, DON 214 HOLLOW OAK COURT TARPOON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERGEMANN, DON 214 HOLLOW OAK COURT TARPOON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELEGRIN, GRETA 3534 SW 11TH STREET MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, DAN 6285 E FOWLER AVE TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRICH, STEWART 1811 BANYON CREEK CIRCLE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Michael A. Jackson</u> MICHAEL A. JACKSON 4/08/07 (850)222-2400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					