

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 691259

1. Entity Name
HIGHLANDS PHARMACY OF POLK COUNTY, INC.



Principal Place of Business

1205 BRIGHTON WAY
LAKELAND, FL 33813

Mailing Address

1205 BRIGHTON WAY
LAKELAND, FL 33813



07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2099650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, TIMOTHY L
1205 BRIGHTON WAY
LAKELAND, FL 33813

**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 reinstating)

DATE

U00000573939
08/09/06-20004-003 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P, T TUCKER, TIMOTHY L 1205 BRIGHTON WAY LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S TUCKER, MARGUERITE C 1205 BRIGHTON WAY LAKELAND, FL 33813
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/06 863 370 7144