

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856394

Entity Name: RICHIE PHARMACAL CO.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

197 STATE AVE.
GLASGOW, KY 42141

New Principal Place of Business:

119 STATE AVE.
GLASGOW, KY 42141

Current Mailing Address:

197 STATE AVE.
GLASGOW, KY 42141

New Mailing Address:

119 STATE AVE.
GLASGOW, KY 42141

FEI Number: 61-0735267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHIE, ELMER L.,
Address: 208 WESTERN HILLS
City-St-Zip: GLASGOW, KY

Title: STD (X) Delete
Name: WIGGINS, KENNETH E.,
Address: IRON MOUNTAIN
City-St-Zip: HARTFORD, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BOYTER, DAWN M MRS.
Address: 94 WYND STAR COURT
City-St-Zip: GLASGOW, KY 42141 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN BOYTER

CEO

01/07/2005

Electronic Signature of Signing Officer or Director

Date