



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F05460 1. Entity Name PHARMACIST (PRN), INC. |  |
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| Principal Place of Business % MICHAEL GRAVATT 3320 KNIGHTS STATION ROAD LAKELAND, FL 33810 US | Mailing Address % MICHAEL GRAVATT 3320 KNIGHTS STATION ROAD LAKELAND, FL 33810 US |
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

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| 4. FCI Number 59-2039628 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent GRAVATT, MICHAEL 3320 KNIGHTS STATION ROAD LAKELAND, FL | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when recasting)
Signature typed or printed name of registered agent and title if applicable DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GRAVATT, MICHAEL 3320 KNIGHTS STATION RD LAKELAND, FL 33810 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/02/05-80012-013 150.00

**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: MICHAEL H. GRAVATT
Michael H. Gravatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 863-858-5002
Date Daytime Phone #