2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# G96547

Entity Name: CYPRESS PHARMACY, INC.

Current Principal Place of Business:

9371 CYPRESS LAKE DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9371 CYPRESS LAKE DRIVE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2424113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIPLEY, GERALD K.
13732 PINE VILLA LANE
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

DEPAOLA, THOMAS J. II
402 SE 17TH PLACE
CAPE CORAL, FL 33990 US

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: THOMAS J. DEPAOLA, II 03/05/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIPLEY, GERALD K.,
Address: 13732 PINE VILLA LANE
City-St-Zip: FT. MYERS, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEPAOLA, THOMAS J. I, I
Address: 402 SE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Change (X) Addition
Name: DEPAOLA, THOMAS J I
Address: 407 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: SEC ( ) Change (X) Addition
Name: DEBRA, DEPAOLA A
Address: 407 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS J. DEPAOLA, II PD 03/05/2008
Electronic Signature of Signing Officer or Director Date