


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90168 048 \*\*\*158.75

<b>DOCUMENT # H21719</b>	
1. Entity Name <b>PIERSON COMMUNITY PHARMACY, INC.</b>	

Principal Place of Business <b>1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US</b>
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2. Principal Place of Business <b>112 East First Ave.</b>	3. Mailing Address <b>112 East First Ave.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Pierson, Florida</b>	City & State <b>Pierson, Florida</b>
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Zip <b>32180</b>	Country <b>Volusia</b>	Zip <b>32180</b>	Country <b>Volusia</b>
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02252005 Chg-P CR25034 (10/03)

4. FEI Number <b>59-2448522</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FRANCIS, HANAN 617 PELICAN BAY DR. DAYTONA BEACH, FL 32119</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRETT, DONALD O 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir/Pres/Treas. Hanan Francis 617 Pelican Bay Drive Daytona Beach, Florida 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEGE, SAMUEL 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRANGER, HARVEY 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec John C. Eidt, J.D. 639 E. Pennsylvania Ave. DeLand, Florida 32724 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DURKIN, CHRISTOPHER 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** John C. Eidt **2-26-05** (386) 822-9027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #