


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H36446 1. Entity Name HILLMOOR PLAZA PHARMACY, INC.	
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Principal Place of Business 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US	Mailing Address 2317 OKEECHOBEE RD FORT PIERCE, FL 34950 US
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DO NOT WRITE IN THIS SPACE



07292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2473780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, KENNETH
2301 OKEECHOBEE ROAD
FT. PIERCE, FL 34950

**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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, KENNETH 2301 OKEECHOBEE RD FT PIERCCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SIANO, DOMINIC 2025 MIMOSA AVENUE FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/10/05-80001-003 550.00

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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:  **Kenneth Jackson** **8/4/05** **772-464-3784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #