

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36446

FILED
Apr 29, 2008
Secretary of State

Entity Name: HILLMOOR PLAZA PHARMACY, INC.

Current Principal Place of Business:

2317 OKEECHOBEE RD
FORT PIERCE, FL 34950 US

New Principal Place of Business:

800 VIRGINIA AVE.
SUITE 31
FORT PIERCE, FL 34982 US

Current Mailing Address:

2317 OKEECHOBEE RD
FORT PIERCE, FL 34950 US

New Mailing Address:

800 VIRGINIA AVE.
SUITE 31
FORT PIERCE, FL 34982 US

FEI Number: 59-2473780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDEMAN, VICTORIA
2317 OKEECHOBEE RD.
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

WEIDEMAN, VICTORIA A DR
800 VIRGINIA AVE.
SUITE 31
FT. PIERCE, FL 34982 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: JOHN R WEIDEMAN JR

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WEIDEMAN, VICTORIA
Address: 2317 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: WEIDEMAN, JOHN R JR
Address: 2317 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WEIDEMAN, VICTORIA A DR
Address: 800 VIRGINIA AVE.
City-St-Zip: FORT PIERCE, FL 34982

Title: T (X) Change () Addition
Name: WEIDEMAN, JOHN R JR
Address: 800 VIRGINIA AVE.
City-St-Zip: FORT PIERCE, FL 34982

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: JOHN R WEIDEMAN JR

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date