


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90005 029 ***150.00

DOCUMENT # H51598	
1. Entity Name MCCULLY - SNYDER PHARMACY, INC.	

Principal Place of Business 102 E. HIGHLAND BLVD INVERNESS, FL 34452-579 US	Mailing Address 102 E. HIGHLAND BLVD INVERNESS, FL 34452-579 US
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DO NOT WRITE IN THIS SPACE



05172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2527680	Applied For Not Applicable
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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

SNYDER, SCOTT W
 102 E. HIGHLAND BLVD
 INVERNESS, FL 34452-579

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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: *Scott W Snyder* President DATE: 5/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, SCOTT W 102 E. HIGHLAND BLVD INVERNESS, FL 34452579
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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: *Scott W Snyder* Date: 5/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #