
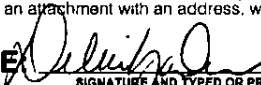


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # H78562 1. Entity Name THE TOWERS PHARMACY, INC.			
Principal Place of Business 1717 N "E" ST., SUITE 320 PENSACOLA, FL 32501-6335 US		Mailing Address 1717 N "E" ST STE 320, ATTN J KEHOE PENSACOLA, FL 32501 US	
DO NOT WRITE IN THIS SPACE			
		03242008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2667929		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 PORTER, JOHN 1717 N. E ST. STE. 320 PENSACOLA, FL 32501		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000891788 04/16/08-80014-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PORTER, JOHN 1717 N. E. ST., STE. 320 PENSACOLA, FL 32501	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YADEN, DEBRA 1717 N. E. ST. STE. 320 PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGEE, ELEANOR 1540 GLENNA LANE CANTONMENT, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, BOB 1717 N. "E" ST., STE. 320 PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  Debra Yaden, Asst. Sec.		3/26/08 850/469-2339	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	