

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11320

Entity Name: PITTS PHARMACY, INC.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

218 SOUTH HWY 71
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 986
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 59-2663603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, CHARLES A.
625 STONE MILL CREEK ROAD
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PITTS, CHARLES A
Address: 625 STONE MILL CREEK ROAD
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: STD () Delete
Name: PITTS, MARY A.,
Address: 625 STONE MILL CREEK ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A PITTS

PD

02/03/2006

Electronic Signature of Signing Officer or Director

Date