


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J28968</b>	
1. Entity Name <b>DAN'S PHARMACY, INC.</b>	

Principal Place of Business <b>10205 LAKE CARROLL WAY TAMPA, FL 33618-1405</b>	Mailing Address <b>10205 LAKE CARROLL WAY TAMPA, FL 33618-1405</b>
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04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2707373</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FUCARINO, DAN  
 10205 LAKE CARROLL WAY  
 TAMPA, FL 33618**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE D	FUCARINO, DANIEL D. 10205 LAKE CARROLL WAY TAMPA, FL
TITLE VP	FUCARINO, LAURA W. 10205 LAKE CARROLL WAY TAMPA, FL
TITLE S	FUCARINO, MORRIS D. 8411 SW 60TH AVE BUSHNELL, FL 33513
TITLE T	TAUCHER, RODNEY 3114 SAMARA DR. TAMPA, FL
TITLE NAME	
TITLE NAME	

**DO NOT WRITE IN THIS SPACE**

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 05/03/07-80036-007 150.00

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:  DATE: **4/16/07** 813 961-8798

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