2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90035 009 ***150.00

DOCUMENT # J43929

1. Entity Name

TRI-PALM PHARMACY, INC.

Principal Place of Business	Mailing Address
10484 STRING FELLOW BL., STE #2 ST. JAMES CITY FL 33956	10484 STRING FELLOW BL., STE #2 ST. JAMES CITY FL 33956

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5703 INVERNESS CIRCLE	5703 INVERNESS CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. FORT MYERS, FLORIDA	City & State: N. FORT MYERS, FLORIDA
Zip: 33903 Country: USA	Zip: 33903 Country: USA

4. FEI Number 59-2748437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINTA, SCOTT
5703 INVERNESS CIRCLE NW
N. FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 R. Pinta / SCOTT R. PINTA 1/28/08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PINTA, SCOTT	
STREET ADDRESS	5703 INVERNESS CIR. NW	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	SD	☐ Delete
NAME	PINTA, JADE	
STREET ADDRESS	5703 INVERNESS CIR. NW	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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 Section 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: Scott R. Pinta / SCOTT R. PINTA 1/28/08 (239) 995-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #