2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# K75018

Entity Name: L.G.T. CONSULTANT PHARMACIST, INC.

Current Principal Place of Business:

4431 N.W. 7TH ST.
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

4431 N.W. 7TH ST.
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 65-0108836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRY H TAFT
4431 NW 7TH ST
COCONUT CREEK, FL 33066 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: TAFT, D. ELIZABETH,
Address: 4431 N.W. SEVENTH ST.
City-St-Zip: COCONUT CREEK, FL

Title: STD ( ) Delete
Name: TAFT, GARRY,
Address: 4431 N.W. SEVENTH ST.
City-St-Zip: COCONUT CREEK, FL

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 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 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: GARRY TAFT DIR 01/27/2005

Electronic Signature of Signing Officer or Director Date