


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K90554</b> 1. Entity Name RX SERVICES CORPORATION	
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Principal Place of Business 2665 CLEVELAND AVENUE #103 FORT MYERS, FL 33901 US	Mailing Address 2665 CLEVELAND AVE 103 FT MYERS, FL 33901 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0126097	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  MASSIE, CHARLES A. 14751 EDEN ST FT MYERS, FL 33908	<b>DO NOT WRITE IN THIS SPACE</b>
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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>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000313736 04/18/05-80135-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASSIE, CHARLES A. 14751 EDEN ST FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MASSIE, BETTY A. 14751 EDEN STREET FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JACOBS, BRUCE P. 6799 HIGHLAND PINES CIRCLE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JACOBS, ROBIN J. 6799 HIGHLAND PINES CIRCLE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/14/05 Daytime Phone #: 239-332-1612
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