2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90015 004 ***150.00

DOCUMENT # L24877

1. Entity Name
BRISTOL PHARMACY, INC.

Principal Place of Business	Mailing Address
POB 596 HWY 20 E BRISTOL FL 32321	POB 596 HWY 20 E BRISTOL FL 32321

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16059 NW Lakeside	P.O. Box 214
Suite, Apt. #, etc.	Suite, Apt. #, etc. Bristo
City & State: Bristol, FL	City & State: Bristol, FL
Zip: 32321 Country:	Zip: 32321 Country:

4. FEI Number 59-2980576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLUMMER, MARK S. HWY 20 E BRISTOL FL 32321	Name: Mark S. Plummer Street Address (P.O. Box Number is Not Acceptable): 16059 NW Lakeside City: Bristol FL Zip Code: 32321

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: Mark S. Plummer
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PLUMMER, MARK S. POB 596 HWY 20 E BRISTOL FL	☐ Delete	☒ Change ☐ Addition	16059 NW Lakeside, P.O. Box 214 Bristol, FL 32321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PLUMMER, JO POB 596 HWY 20 E BRISTOL FL	☐ Delete	☒ Change ☐ Addition	16059 NW Lakeside, P.O. Box 214 Bristol, FL 32321
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: Jo Plummer Jo Plummer 4-16-07 (850) 643-2516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #