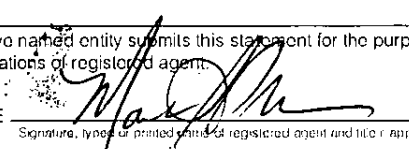
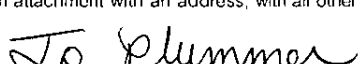


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

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 POB 596 HWY 20 E BRISTOL FL 32321			Mailing Address POB 596 HWY 20 E BRISTOL FL 32321		
2. Principal Place of Business - No P.O. Box # 16059 NW Lakeside		3. Mailing Address P.O. Box 214			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Bristol			
City & State Bristol, FL		City & State Bristol, FL		4. FEI Number 59-2980576	
Zip 32321		Country		Applied For ☐ Not Applicable	
Zip 32321		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMMER, MARK S. HWY 20 E BRISTOL FL 32321				7. Name and Address of New Registered Agent 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 					
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-statuting) 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					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PLUMMER, MARK S. POB 596 HWY 20 E BRISTOL FL ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PLUMMER, JO POB 596 HWY 20 E BRISTOL FL ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 16059 NW Lakeside, P.O. Box 214 Bristol, FL 32321				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 16059 NW Lakeside, P.O. Box 214 Bristol, FL 32321				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 4-16-07 (850) 643-2516 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					