

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39238

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: HIGHLAND PHARMACY, INC.

**Current Principal Place of Business:**

% WILLIAM J. AINLEY  
1224 S HIGHLAND AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM J. AINLEY  
1224 S HIGHLAND AVE  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 59-2989627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AINLEY, WILLIAM J.  
1224 S HIGHLAND AVE  
CLEARWATER, FL 33756      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: D  
Name: AINLEY, WILLIAM J.  
Address: 844 MICHELE CR.  
City-St-Zip: DUNEDIN, FL 34698

Title: D  
Name: AINLEY, LYNNE E.  
Address: 844 MICHELE CR.  
City-St-Zip: DUNEDIN, FL 34698

Title: D  
Name: AINLEY, WILLIAM J JR  
Address: 8633 TORCHWOOD DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: LYNNE E. AINLEY

D

04/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date