

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75067

FILED
May 07, 2004
Secretary of State

Entity Name: RAYNOR'S PHARMACY, INC.

Current Principal Place of Business:

698 WEST MACCLENNEY AVENUE
MACCLENNEY, FL 320632082 US

New Principal Place of Business:

698 -F WEST MACCLENNEY AVENUE
MACCLENNEY, FL 320632082 US

Current Mailing Address:

% ROBERT MOSKOWITZ
698 W. MACCLENNEY AVE
MACCLENNEY, FL 32063

New Mailing Address:

% LAURA WIGGLESWORTH
698 -F WEST MACCLENNEY AVE
MACCLENNEY, FL 32063

FEI Number: 59-2889250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOSKOWITZ, ROBERT
698 W. MACCLENNEY AVE.
MACCLENNEY, FL 32063

Name and Address of New Registered Agent:

WIGGLESWORTH, LAURA
698-F WEST MACCLENNEY AVE.
MACCLENNEY, FL 32063

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: LAURA WIGGLESWORTH

05/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOSKOWITZ, ROBERT,
Address: 698 W. MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

Title: V () Delete
Name: MOSKOWITZ, PAULINE P, ERRY
Address: 698 W. MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

Title: V (X) Delete
Name: HICKMAN, VALERIE
Address: 698 W. MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

Title: ST (X) Delete
Name: JONES, LAURA B
Address: 698 W. MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HICKMAN, VALERIE L
Address: 698 -F WEST MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

Title: DVST (X) Change () Addition
Name: WIGGLESWORTH, LAURA B
Address: 698-F WEST MACCLENNEY AVE.
City-St-Zip: MACCLENNEY, FL 32063

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: LAURA B. WIGGLESWORTH

DVST

05/07/2004

Electronic Signature of Signing Officer or Director

Date