

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75067

Entity Name: RAYNOR'S PHARMACY, INC.

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

698 -F WEST MACCLENNY AVENUE  
MACCLENNY, FL 320632082 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2889250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WIGGLESWORTH, LAURA  
698-F WEST MACCLENNY AVE.  
MACCLENNY, FL 32063 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: DP ( ) Delete  
Name: HICKMAN, VALERIE L  
Address: 698 -F WEST MACCLENNY AVE.  
City-St-Zip: MACCLENNY, FL 32063

Title: DVST ( ) Delete  
Name: WIGGLESWORTH, LAURA B  
Address: 698-F WEST MACCLENNY AVE.  
City-St-Zip: MACCLENNY, FL 32063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

DP

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date