2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# M75067

Entity Name: RAYNOR'S PHARMACY, INC.

Current Principal Place of Business:

698 -E WEST MACCLENNY AVENUE
MACCLENNY, FL 320632082 US

New Principal Place of Business:

698 -E WEST MACCLENNY AVENUE
MACCLENNY, FL 32063 US

Current Mailing Address:

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

New Mailing Address:

698 -E WEST MACCLENNY AVENUE
MACCLENNY, FL 32063 US

FEI Number: 59-2889250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGGLESWORTH, LAURA
698-E WEST MACCLENNY AVE.
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

HICKMAN, VALERIE L
698-E WEST MACCLENNY AVE.
MACCLENNY, FL 32063 US

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: VALERIE L HICKMAN 06/30/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: DVST ( ) Delete
Name: HICKMAN, VALERIE L
Address: 698-E WEST MACCLENNY AVE.
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: HICKMAN, RICHARD M
Address: 7543 GLYNN ALLYN ROAD
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VALERIE L HICKMAN DP 06/30/2009
Electronic Signature of Signing Officer or Director Date