

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000007494

1. Entity Name
VERACITY PHARMACEUTICALS, INC.



Principal Place of Business
3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0831883

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000947322
06/02/08-80009-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRAEMER, MARK
STREET ADDRESS	2651 FOREST CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	EDWARDS, ROBERT J JR
STREET ADDRESS	7341 WEST CYPRESS HEAD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	WESTON, STEVEN
STREET ADDRESS	6289 NW 62ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #