

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080248

Entity Name: RX OPTIONS, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

4401 S. ORANGE AVE. SUITE 107
ORLANDO, FL 32806

New Principal Place of Business:

1244 WATERWITCH COVE CIRCLE
ORLANDO, FL 32806

Current Mailing Address:

4401 S. ORANGE AVE. SUITE 107
ORLANDO, FL 32806

New Mailing Address:

1244 WATERWITCH COVE CIRCLE
ORLANDO, FL 32806

FEI Number: 59-3666469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, LISA
1244 WATERWITCH COVE CIR
ORLANDO, FL 32806 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: DPT () Delete
Name: HUTCHINSON, LISA
Address: 1244 WATERWITCH COVE CIR
City-St-Zip: ORLANDO, FL 32806

Title: DS (X) Delete
Name: LEIMER, LESLI
Address: 123 SEABEARN CT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LISA HUTCHINSON

DPT

01/03/2005

Electronic Signature of Signing Officer or Director

Date