2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# P00000096185

Entity Name: MELROSE PHARMACY, INC.

Current Principal Place of Business:

8744 S.R. 21
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

8744 S.R. 21
MELROSE, FL 32666

New Mailing Address:

FEI Number: 59-3678492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECKENRODE, HOWARD
216 NE 6TH ST
GAINESVILLE, FL 32601 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: PT ( ) Delete
Name: ECKENRODE, HOWARD
Address: 216 NE 6TH STREET
City-St-Zip: GAINESVILLE, FL 326015574

Title: VPS ( ) Delete
Name: ECKENRODE, JENNY
Address: 216 NE 6TH STREET
City-St-Zip: GAINESVILLE, FL 326015574

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: HOWARD W. ECKENRODE PT 05/05/2005

Electronic Signature of Signing Officer or Director Date