


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90048 019 \*\*\*150.00

**DOCUMENT # P01000048343**  
 1. Entity Name: **CRESTVIEW PHARMACY, INC.**



Principal Place of Business: **1116 N. FERDON BLVD. CRESTVIEW, FL 32536**  
 Mailing Address: **1584 S. PEARL ST. CRESTVIEW, FL 32539**

**DO NOT WRITE IN THIS SPACE**

**20001133**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3718091**  
 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**PITELL, LISA Y**  
**4 ELEVENTH AVE, STE. 1**  
**SHALIMAR, FL 32579**

**DO NOT WRITE 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIVINGSTON, MELVIN D JR
STREET ADDRESS	1189 JOHN SIMS PKWY.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	HENDERSON, BRYAN
STREET ADDRESS	6980 CHUMUCKLA HWY.
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	DENSMAN, HAL J
STREET ADDRESS	1921 LODGEPOLE DR
CITY-ST-ZIP	MILTON, FL 32583
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 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 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 to this address, to which I am empowered.

**SIGNATURE: MELVIN D. LIVINGSTON, JR.** **1/6/2005** **850-683-1111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #