

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90085 022 ***150.00

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1. Entity Name
CRESTVIEW PHARMACY, INC.



Principal Place of Business
 1116 N. FERDON BLVD.
 CRESTVIEW, FL 32536

Mailing Address
 296 S. FERDON BLVD.
 STE. 25
 CRESTVIEW, FL 32536



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3718091	Applied For Not Applicable
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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 _____

Signature, type, or print 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, MELVIN D JR 1189 JOHN SIMS PKWY. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, BRYAN 3578 ACY LOWERY RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSMAN, HAL J 1921 LODGEPOLE DR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 another empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/18/07 850-683-1111
 Date Daytime Phone #