


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000048343
 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
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3718091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 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	3578 ACY LOWERY RD
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	

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 02/14/08-80031-025-150.00

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: Hal J. Densman Hal J. Densman 2/7/08 850-683-1111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #