

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State



DOCUMENT # P02000043691					
1. Entity Name BIG LAKE PHARMACY, INC.		Principal Place of Business 203 S.W. PARK STREET SUITE B OKEECHOBEE FL 34974		Mailing Address 203 S.W. PARK STREET SUITE B OKEECHOBEE FL 34974	
2. Principal Place of Business		3. Mailing Address		4. FEI Number 01-0676985 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent NELSON, STEVEN D 203 S.W. PARK STREET OKEECHOBEE FL 34974	
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent	
City		City		Name	
State		State		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Zip		City	
Country		Country		State FL Zip Code	
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	NELSON, STEVEN D		NAME		
STREET ADDRESS	203 S.W. PARK STREET		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	NELSON, ANDREA		NAME		
STREET ADDRESS	203 S.W. PARK STREET		STREET ADDRESS		
CITY- ST- ZIP	OKEECHOBEE FL 34974		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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 02/22/06-80023-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea Nelson **ANDREA NELSON** 2/8/06 **863-763-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #