

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013368

Entity Name: MOULTRIE PHARMACY, INC.

FILED  
Feb 03, 2008  
Secretary of State

## Current Principal Place of Business:

3670 HWY US 1 S  
SUITE 120  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

3670 HWY US 1 S  
SUITE 120  
ST AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 54-2094346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARTY, ANTHONY O  
4112 CREEKBLUFF DRIVE  
ST AUGUSTINE, FL 32086 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: PD ( ) Delete  
Name: DOMPE, LYNN  
Address: 301 RED WING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: STD ( ) Delete  
Name: MCCARTY, DELAINE P  
Address: 4112 CREEK BLUFF DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DIR ( ) Delete  
Name: DOMPE, PHILIP  
Address: 301 RED WING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DIR ( ) Delete  
Name: MCCARTY, ANTHONY O  
Address: 4112 CREEKBLUFF DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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: DELAINE MCCARTY

STD

02/03/2008

Electronic Signature of Signing Officer or Director

Date