


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 041 ***150.00

DOCUMENT # P03000030293 1. Entity Name CUSTOM MEDS PHARMACY INC.					
Principal Place of Business 2834 INDUSTRIAL PLAZA DRIVE SUITE C TALLAHASSEE, FL 32301			Mailing Address 2834 INDUSTRIAL PLAZA DRIVE SUITE C TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 11-3683047				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, SCOTT W 2834 INDUSTRIAL PLAZA DRIVE SUITE C TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, SCOTT		NAME		
STREET ADDRESS	3030 MCCORD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAVEZ, MICHAEL		NAME		
STREET ADDRESS	1376 OLD VILLAGE CT.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANKSON, MANNON III		NAME		
STREET ADDRESS	1819 ENSTON FORREST DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 with an address, with all other like empowered.					
SIGNATURE: <u>Scott Cox</u>			2/17/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # 850 878-7668		