

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031500

Entity Name: PRIMARY DIABETIC SUPPLY, INC.

FILED  
May 07, 2007  
Secretary of State

## Current Principal Place of Business:

3252 WHITNEY DR. EAST  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

110 DEER RUN  
MONTICELLO, FL 32344

## Current Mailing Address:

PO BOX 95  
LLOYD, FL 32337

## New Mailing Address:

FEI Number: 06-1684353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCRELESS, PRINTESS M  
110 DEER RUN BOX 95  
LLOYD, FL 32337 US

## Name and Address of New Registered Agent:

MCCRELESS, PRINTESS M  
110 DEER RUN  
MONTICELLO, FL 32344 US

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:

05/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCCRELESS, PRINTESS M  
Address: 110 DEER RUN BOX 95  
City-St-Zip: LLOYD, FL 32377

Title: VP ( ) Delete  
Name: MCCRELESS, MARY L  
Address: 110 DEER RUN BOX 95  
City-St-Zip: LLOYD, FL 32337

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCRELESS, PRINTESS M  
Address: 110 DEER RUN  
City-St-Zip: MONTICELLO, FL 32344

Title: VP (X) Change ( ) Addition  
Name: MCCRELESS, MARY L  
Address: 110 DEER RUN  
City-St-Zip: MONTICELLO, FL 32344

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: PRINTESS M. MCCRELESS

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date