

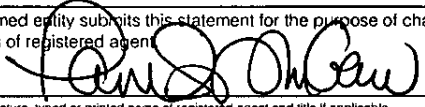
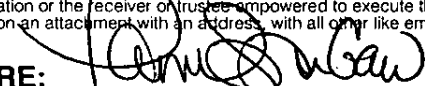


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90019 021 \*\*\*150.00

<b>DOCUMENT # P03000132257</b> 1. Entity Name <b>MCGAW RX, INC.</b>					
Principal Place of Business 2652 SANDLECREST DRIVE CANTONMENT, FL 32533				Mailing Address 2652 SANDLECREST DRIVE CANTONMENT, FL 32533	
2. Principal Place of Business <b>2652 SANDICREST DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2652 SANDICREST DRIVE</b> Suite, Apt. #, etc.			
City & State <b>CANTONMENT, FL</b> Zip <b>32533</b>		City & State <b>CANTONMENT, FL</b> Zip <b>32533</b>		4. FEI Number <b>55-0851911</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCGAW, PAMELA J</b> <b>2652 SANDLECREST DRIVE</b> <b>CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2652 SANDICREST DRIVE</b> City <b>CANTONMENT</b> <b>FL</b> Zip Code <b>32533</b>		
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  DATE <b>3/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGAW, PAMELA J</b> <b>2652 SANDLECREST DRIVE</b> <b>CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGAW, CHARLES D II</b> <b>2652 SANDLECREST DRIVE</b> <b>CANTONMENT, FL 32533</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Pamela McGaw 3/30/04 850-623-3211 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			