

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132840

Entity Name: PHARMACYTRAINER, INC.

FILED  
Apr 14, 2005  
Secretary of State

**Current Principal Place of Business:**

25 RYANT BOULEVARD  
SEBRING, FL 33872 US

**New Principal Place of Business:**

13 RYANT BOULEVARD  
SEBRING, FL 33872 US

**Current Mailing Address:**

25 RYANT BLVD  
SEBRING, FL 33872 US

**New Mailing Address:**

13 RYANT BLVD  
SEBRING, FL 33872 US

FEI Number: 27-0071338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DONALDSON, DEVON P  
120 SOUTH ANOKA AVENUE  
AVON PARK, FL 33825 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: PRES ( ) Delete  
Name: GREENWALD, MARK  
Address: 2133 NORTH BARCLAY ROAD  
City-St-Zip: AVON PARK, FL 33825 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GREENWALD, MARK  
Address: PO BOX 569  
City-St-Zip: AVON PARK, FL 33826 US

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 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: MARK GREENWALD

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date