2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P03000136346

Entity Name: PHARMART, INC.

Current Principal Place of Business:

918 VILLA FLORENZA DRIVE LOT 30
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

918 VILLA FLORENZA DRIVE LOT 30
NAPLES, FL 34119

New Mailing Address:

FEI Number: 20-0366071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTHPINE ISLAND ROAD
PLANTATION, FL 33324 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: SHARPE, GARY L PRES.
Address: 918 VILLA FLORENZA DRIVE, LOT 30
City-St-Zip: NAPLES, FL 34119 US

Title: V P ( ) Change (X) Addition
Name: SHARPE, CONNIE H VP
Address: 918 VILLA FLORENZA DRIVE, LOT 30
City-St-Zip: NAPLES, FL 34119 US

Title: SEC ( ) Change (X) Addition
Name: MALLON, GREGORY P SEC
Address: 450 TOWN STREET
City-St-Zip: CIRCLEVILLE, OH 43113 US

Title: ASST ( ) Change (X) Addition
Name: BECKER, MICHAEL R ASST. S
Address: 199 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL R. BECKER ASST 02/23/2004

Electronic Signature of Signing Officer or Director — Date