


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 010 ***150.00

DOCUMENT # P04000087110 1. Entity Name EAST LAKE PHARMACY, INC.			
Principal Place of Business 912 W. MAUD STREET TAVARES, FL 32778		Mailing Address P.O. BOX 641 SORRENTO, FL 32776	
2. Principal Place of Business 906 Avenida Central Suite, Apt. #, etc. The Villages Fla. City & State The Villages FL Zip Country 32159 Lake		3. Mailing Address PO Box 67 Suite, Apt. #, etc. City & State Lady Lake IL Zip Country 32158 Lake	
4. FEI Number 01252005		Chg-P CR2E034 (10/03) Applied For <input checked="" 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 HARRISON, PATTI M 912 W. MAUD STREET TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Patti M Harrison Street Address (P.O. Box Number is Not Acceptable) 906 Avenida Central City The Villages FL Zip Code 32159	
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 <u><i>Patti M Harrison</i></u> DATE <u>3/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, PATTI M P.O. BOX 641 SORRENTO, FL 32776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patti M Harrison PO Box 67 Lady Lake Fla. 32158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Patti M Harrison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/4/05 (352)</u> Daytime Phone # <u>308-6282</u>	