2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# P04000103390

Entity Name: YOUR FAMILY PHARMACY, INC

Current Principal Place of Business:

1605 N. MYRTLE AVENUE
SUITE 8
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1605 N. MYRTLE AVENUE
SUITE 8
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 84-1662720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCALL, TOMMY
1214 BRECKENRIDGE RUN
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

MCCALL, TOMMY
5423 MARSALA LANE
JACKSONVILLE, FL 32244 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: TOMMY MCCALL 09/02/2005
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: MCCALL, TOMMY
Address: 1605 N. MYRTLE AVENUE, SUITE 8
City-St-Zip: JACKSONVILLE, FL 32209

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAWSON, REGINALD
Address: 1605 N. MYRTLE AVENUE, SUITE 8
City-St-Zip: JACKSONVILLE, FL 32209

Title: V ( ) Change (X) Addition
Name: TOMMY, MCCALL
Address: 1605 N MYRTLE AVENUE, SUITE 8
City-St-Zip: JACKSONVILLE, FL 32209

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: TOMMY MCCALL V 09/02/2005
Electronic Signature of Signing Officer or Director Date