


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90039 050 ***150.00

| | | | | | |
|---|--|---------------------|---|---|--|
| DOCUMENT # P04000115222 1. Entity Name CITY VIEW PHARMACY INC. | | | |  | |
| Principal Place of Business 595 W. CHURCH ST. SUITE H ORLANDO FL 32805 | | | Mailing Address 595 W. CHURCH ST. SUITE H ORLANDO FL 32805 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| AGBELUSI, BERNARD B 2221 CHANTILLY TERRACE OVIEDO FL 32765 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 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 | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AGBELUSI, BERNARD B | | NAME | | |
| STREET ADDRESS | 2221 CHANTILLY TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BELLO, OLUDARE | | NAME | | |
| STREET ADDRESS | 595 W. CHURCH ST. SUITE H | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | | 03/18/05 (321) 206-9426 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |



1st MOORE CR2E034 (10/04)

4. FEI Number **16-1704438** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #