

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 009 ***150.00

DOCUMENT # P04000123983 1. Entity Name HILL PHARMACY DIRECT, INC.			
Principal Place of Business 1701 E AIRPORT BLVD SANFORD, FL 32773		Mailing Address 1701 E AIRPORT BLVD SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box # 2650 S. Mellonville Ave		3. Mailing Address same as Principal	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, FL		City & State FL	
Zip 32773		Country USA	
4. FEI Number 20-1470876		Applied For <input 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 ROTH, JERRY S 1701 E AIRPORT BLVD SANFORD, FL 32773		7. Name and Address of New Registered Agent Name: Jerry S Roth Street Address (P.O. Box Number is Not Acceptable): 2650 S. Mellonville Ave City: Sanford FL Zip Code: 32773	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP ROTH, JERRY S 1701 E AIRPORT BLVD SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Roth, Jerry S. 2650 S. Mellonville Ave. Sanford, FL 32773
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Jerry S. Roth 4/12/07 407-323-1887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	