# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 03, 2007**
**Secretary of State**

DOCUMENT# P05000008684

**Entity Name:** HOMETOWN OLD COUNTRY PHARMACY, INC.

**Current Principal Place of Business:**

6918 ALOMA AVE
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

6918 ALOMA AVE
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number: 32-0136169** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROULX, RONALD
633 EAST COLONIAL DR
SUITE 100
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

PROULX, RONALD
6918 ALOMA AVE
WINTER PARK, FL 32792 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: _____ 07/03/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MIDGETT, DAVID
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete
Name: PROULX, RONALD
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: PROULX, JOANN
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete
Name: MIDGETT, TAMMY
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MIDGETT, DAVID
Address: 6918 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change ( ) Addition
Name: PROULX, RONALD
Address: 6918 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change ( ) Addition
Name: PROULX, JOANN
Address: 6918 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: T (X) Change ( ) Addition
Name: MIDGETT, TAMMY
Address: 6918 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD PROULX VP 07/03/2007
Electronic Signature of Signing Officer or Director — Date