

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000088620

1. Entity Name
SUN & LAKE PHARMACY SERVICE, INC.



Principal Place of Business
**11414 CYPRESS BAY ST.
CLERMONT, FL 34711**

Mailing Address
**11414 CYPRESS BAY ST.
CLERMONT, FL 34711**



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1725727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOSU, KWAME
11414 CYPRESS BAY ST.
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000952390
06/04/08-80078-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOSU, KWAME
STREET ADDRESS	11414 CYPRESS BAY ST.
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08

Date

Daytime Phone #

(321) 948-6636