


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 007 ***150.00

DOCUMENT # P05000103747 1. Entity Name CRJ PHARMACY, INC.					
Principal Place of Business 2003 RYAN ROAD MULBERRY, FL 33860 US			Mailing Address 2003 RYAN ROAD MULBERRY, FL 33860 US		
2. Principal Place of Business <i>1845 CRYSTAL LAKE DR.</i>		3. Mailing Address <i>114 PALMOLA ST.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>LAKELAND, FLORIDA</i>		City & State <i>LAKELAND FL</i>		4. FEI Number <i>20-3243677</i>	
Zip <i>33801</i>		Country <i>U.S.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JOHN 2003 RYAN ROAD MULBERRY, FL 33860		7. Name and Address of New Registered Agent Name <i>DEREK O'BANNON</i> Street Address (P.O. Box Number is Not Acceptable) <i>626 GLENDALE STREET</i> City <i>LAKELAND</i> FL Zip Code <i>33801</i>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P JOHNSON, JOHN 2003 RYAN ROAD MULBERRY, FL 33860		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DEREK O'BANNON 126 GLENDALE STREET LAKELAND, FLORIDA 33801	
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	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DIRECTOR <i>3/10/06</i> <small>Date Daytime Phone #</small>		