

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90015 018 ***150.00

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06302008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000123678 1. Entity Name PHARMA-BUDDY PHARMAPAK, INC.					
Principal Place of Business 10981 HARMONY PARK DR. UNIT 104 BONITA SPRINGS, FL 34135			Mailing Address 10981 HARMONY PARK DR. UNIT 104 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 5500 BONITA BEACH RD.		3. Mailing Address P.O. Box 3241			
Suite, Apt. #, etc. UNIT 5705		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL.		City & State BONITA SPRINGS, FL.		4. FEI Number 20-3484676	
Zip 34134		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34133		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNES, BOISIE A III 5500 BONITA BEACH RD UNIT 5705 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>B. Allen Barnes III</i></u> CFO 7-14-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARNES, BOISIE A III 5500 BONITA BEACH RD 5705 BONITA SPRINGS, FL 34134 <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: <u><i>B. Allen Barnes III</i></u> CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-14-08 (239) 207-6362 <small>Date Daytime Phone #</small>		