

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020075

FILED  
May 02, 2009  
Secretary of State

Entity Name: PHARMACY RETURNS LOGISTICS, INC.

## Current Principal Place of Business:

27059 83RD PLACE  
BRANFORD, FL 32008

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 391  
BRANDORD, FL 32008

## New Mailing Address:

FEI Number: 20-8499385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTCHINSON, CYNTHIA  
27059 83RD PLACE  
BRANFORD, FL 32008 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUTCHINSON, TOM  
Address: P.O. BOX 302  
City-St-Zip: O'BRIEN, FL 32071

Title: V ( ) Delete  
Name: TANNER, ASHLEY  
Address: 770 RICHFIELD COVE  
City-St-Zip: JACKSON, TN 38305

Title: S ( ) Delete  
Name: HEUSS, MIKE  
Address: 6823 NW 218TH ST.  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: HUTCHINSON, CYNTHIA  
Address: P.O. BOX 302  
City-St-Zip: O'BRIEN, FL 32071

Title: D ( ) Delete  
Name: TANNER, DEBORAH  
Address: 770 RICHFIELD COVE  
City-St-Zip: JACKSON, TN 38305

Title: D ( ) Delete  
Name: HEUSS, CONSTANCE V  
Address: 6823 NW 218TH ST.  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CYNTHIA HUTCHINSON

O

05/02/2009

Electronic Signature of Signing Officer or Director

Date