

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020075

FILED
Mar 18, 2010
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA HUTCHINSON

PRES

03/18/2010

Electronic Signature of Signing Officer or Director

Date