

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046620

Entity Name: HOLIDAY PHARMACY INC.

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

1906 STATE HWY 19
HOLIDAY, FL 34691 US

New Principal Place of Business:

2537 STATE HWY 19
HOLIDAY, FL 34691 US

Current Mailing Address:

16120 IVY LAKE DRIVE
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-8880260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAJIV
16120 IVY LAKE DRIVE
ODESSA, FL 33556 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 () Delete
Name: PATEL, RAJIV
Address: 16120 IVY LAKE DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: VP () Delete
Name: PRASHANT, PATEL
Address: 11611 RENAISSANCE VIEW COURT
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PRASHANT PATEL

VP

03/27/2008

Electronic Signature of Signing Officer or Director

Date