

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088536

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: DAYTONA PEOPLES PHARMACY, INC.

## Current Principal Place of Business:

988 ORANGE AVE.  
SUITE C  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

555 W GRANADA BLVD  
STE E-9  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 59-3216721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABBOTT, DALE CPA  
555 WEST GRANADA BLVD  
STE E-9  
ORMOND BEACH, FL 32174 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: PD ( ) Delete  
Name: SHITTA, MAYINOT A  
Address: 1425 MANDRAKE RD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: DS ( ) Delete  
Name: SHITTA, OWOLABI R  
Address: 1425 MANDRAKE RD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: DT ( ) Delete  
Name: ABBOTT, DALE J CPA  
Address: 555 W GRANADA BLVD STE E-9  
City-St-Zip: ORMOND BEACH, FL 32174 US

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALE J ABBOTT

DT

03/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date