

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025591

FILED
Mar 09, 2009
Secretary of State

Entity Name: MEADERS PHARMACEUTICAL RETURNS, INC.

Current Principal Place of Business:

168 E COWPEN LAKE PT ROAD
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

168 E COWPEN LAKE PT ROAD
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-3236861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADERS, SHERRY A
168 E COWPEN LAKE PT ROAD
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

MEADERS, CHARLES D
168 E COWPEN LAKE PT ROAD
HAWTHORNE, FL 32640 US

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: CHARLES D MEADERS

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEADERS, SHERRY A
Address: 168 E COWPEN LAKE PINT RD
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: MEADERS, CHARLES D
Address: 168 E COWPEN LAKE PINT RD
City-St-Zip: HAWTHORNE, FL 32640

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: CHARLES D MEADERS

PSDT

03/09/2009

Electronic Signature of Signing Officer or Director

Date