


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90038 010 ***150.00

DOCUMENT # P95000015281 1. Entity Name PREMIER PHARMACY, INC.					
Principal Place of Business 1889 W WOODBRIGHT RD. BOYNTON BEACH, FL 33426			Mailing Address 1889 W WOODBRIGHT RD. BOYNTON BEACH, FL 33426		
2. Principal Place of Business 731 WHIPPOORWILL ROW <small>Suite, Apt. #, etc.</small>		3. Mailing Address 731 WHIPPOORWILL ROW <small>Suite, Apt. #, etc.</small>			
City & State WEST PALM BEACH <small>Zip</small> 33411 <small>Country</small> PAUM BEACH		City & State WEST PALM BEACH <small>Zip</small> 33411 <small>Country</small> PAUM BEACH		4. FEI Number 65-0558688	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UTRECHT, STEVEN T STE. 300-D, 4800 N. FEDERAL HIGHWAY BOYNTON BEACH, FL 33431			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURWEN, ROBERT V JR. 731 WHIPPOORWILL ROW W. PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURWEN, SUSAN W 731 WHIPPOORWILL ROW W. PALM BEACH, FL 33411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert V Burwen Jr.		3/18/05 561-793-4817			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			