2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State
04-19-2005 90392 035 ***150.00

DOCUMENT # P97000106545

1. Entity Name
C. MCKESSON, INC.

Principal Place of Business	Mailing Address
6929 103 STREET JACKSONVILLE FL 32210	6929 103 STREET JACKSONVILLE FL 32210

2. Principal Place of Business	3. Mailing Address
4665 Antelope St.	P.O. Box 219
Suite, Apt. #, etc.	Suite, Apt. #, etc. Middleburg
City & State: Middleburg, FL	City & State: FL
Zip: 32068 Country: Clay	Zip: 32050 Country: Clay

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3484320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKESSON, CURTIS L
~~6929 103 STREET~~
~~JACKSONVILLE FL 32210~~
4665 Antelope St.
Middleburg, FL 32068

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Curtis L. McK[signature] 5/11/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	4665 Antelope St.	☒ Change ☐ Addition
NAME	MCKESSON, CURTIS L		NAME	P.O. Box 219	
STREET ADDRESS	~~6929 103 STREET~~	→	STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~		CITY-ST-ZIP	Middleburg, FL 32050	
TITLE	D	☐ Delete	TITLE	4665 Antelope St.	☒ Change ☐ Addition
NAME	MCKESSON, SUZANNE M		NAME	P.O. Box 219	
STREET ADDRESS	~~6929 103 STREET~~	→	STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~		CITY-ST-ZIP	Middleburg, FL 32050	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Suzanne M. McKesson Suzanne M. McKesson 4/14/05 904-282-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #