


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |
|---|---|
| DOCUMENT # <b>88000029277</b>           |  |
| 1. Entity Name<br><b>DRB PHARM INC.</b> |   |

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|--|--|
| Principal Place of Business<br>3850 S.E. 219TH AVE.<br>MORRISTON, FL 32668 | Mailing Address<br>P.O. BOX 430<br>MORRISTON, FL 32668 |
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FILED  
05 JAN 13 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



00000000 No Chg-P CR2E034 (10/03)

|   |   |
|---|---|
| 4. FEI Number<br><b>59349721</b>  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><div style="font-family: monospace; font-size: 8pt;">             000000 0000 000000<br/>             000000 00000000 0000<br/>             000000 0000000000           </div> <b>William Backlinie</b><br><b>3850 SE 219th AVE</b><br><b>MORRISTON, FL 32668</b> | <div style="font-size: 24pt; font-weight: bold;">DO NOT WRITE<br/>IN THIS SPACE</div> |
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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 *William Backlinie* *William BACKLINIE* *1-6-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>William Backlinie</b><br><b>P.O. BOX 430</b><br><b>MORRISTON</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>OV</b><br><b>Debra Backlinie</b><br><b>P.O. BOX 430</b><br><b>MORRISTON</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *William Backlinie* *William BACKLINIE* *1-6-05* *352-528-9111*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*1/14/05*