


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90192 030 ***158.75

DOCUMENT # P98000076258					
1. Entity Name IFARM/EMEDICAL I D, INC.					
Principal Place of Business 914 SO. FLORIDA AVE. #209 LAKELAND, FL 33803			Mailing Address PO BOX 2476 LAKELAND, FL 33806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3557192	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
P O B J E C K Y , D A V I D 786 AVE. C., SW WINTER HAVEN, FL 33880			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	T WILLIAMS, JACQUELYN S 426 PALMOLA ROAD LAKELAND, FL 33803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, AMASA R JR 5 WINDING ROAD VALDOSTA, GA 31602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSER, BRUCE F 906 CLEARVIEW AVE. LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JOHNS, CYTHIA 4325 HOMEWOOD LANE LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JEFFORY C SR 6649 FOREST HILL RD. W. PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, WILLIAM 121 NO 20TH ST. OPELIKA, AL 36801	<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard C. Murphy, Jr.</i>				4-19-06 863-687-8861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

Richard C. Murphy, Jr.

ATTACHMENT

40079445

Attachment
2006 For Profit Corporation
Annual Report

DOCUMENT # P98000076258
IFARM/EMEDICAL ID, INC.

ADDITION OF OFFICER/DIRECTOR

C
MURPHY, RICHARD C. JR.
1501 ARIANA ROAD, #36CC-ST,
LAKELAND, FL 33815

Signature of Officer/Director
Date of Signature
Title of Officer/Director