


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90684 006 ***150.00

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| DOCUMENT # P99000007860 1. Entity Name CUT-RATE PHARMACY SOLUTIONS, INC. |  |
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| Principal Place of Business 2665 CLEVELAND AVE., #204 FT MYERS, FL 33901 | Mailing Address 2665 CLEVELAND AVE., #204 FT MYERS, FL 33901 |
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DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 22-3633788 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DANLER, WILLIAM
2665 CLEVELAND AVE., #204
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DANLER, KATHLEEN F 1060 N.W. 95TH AVE PLANTATION, FL 33322 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT DANLER, WILLIAM 1060 N.W. 95TH AVE PLANTATION, FL 33322 |
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**DO NOT WRITE
IN THIS SPACE**

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:  **239-344-0144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #