

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000110962

1. Entity Name  
PHARMATAB CORPORATION



Principal Place of Business  
6050-A JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

Mailing Address  
6050-A JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3618565

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ACEBO, ABELARDO L  
6050-A JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000171353  
09/01/04-80003-005 550.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ACEBO, ABELARDO  
STREET ADDRESS 6050-A JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE D  
NAME JACKSON, EDWARD R  
STREET ADDRESS 6050-A JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE D  
NAME JACKSON, JAMES W JR  
STREET ADDRESS 6050-A JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Jackson

Date

Daytime Phone #

8/27/04

813-886-3216