2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16912

Entity Name: MONTICELLO DRUG COMPANY

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1604 STOCKTON ST. JACKSONVILLE, FL 32207				1604 STOCKTON ST. JACKSONVILLE, FL 32204		
Current Mailing Address:				New Mailing Address:		
1604 STOCKTON ST. JACKSONVILLE, FL 32207				1604 STOCKTON ST. JACKSONVILLE, FL 32204		
FEI Number: 59-3039310 FEI Number Applied For () FEI Num			El Numi	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ROBERTS, WILLIAM R 1604 STOCKTON ST. JACKSONVILLE, FL 32204 US				ROBERTS, WILLIAM R 4275 GENOA AVENUE JACKSONVILLE, FL 32210 US		
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.						
SIGNATURE:				03/14/2005		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () [DEAN, HENRY E 1604 STOCKTON JACKSONVILLE,	N STREET	1	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VD () [DEAN, THOMAS 1604 STOCKTON JACKSONVILLE,	N ST	1	Title: Name: Address: City-St-Zip:	DEAN, THOM 1604 STOCK	
Title: Name: Address: City-St-Zip:	STD () EROBERTS, WILL 4275 GENOA JACKSONVILLE,		1	Title: Name: Address: City-St-Zip:	ROBERTS, W 4275 GENOA	
Title: Name: Address: City-St-Zip:	DC ()[CUMMINS, ELOI: 1604 STOCKTON JACKSONVILLE,	N ST	l ,	Title: Name: Address: City-St-Zip:	CUMMINS, EI	
Title: Name: Address: City-St-Zip:	V ()[RUSSELL, ROBE 1604 STOCKTON JACKSONVILLE,	N STREET	l	Title: Name: Address: City-St-Zip:	RUSSELL, RO 1604 STOCK	
Title: Name: Address: City-St-Zip:	DAST () E ROBERTS, FRAN 3309 U.S. HWY. VALDOSTA, GA	84 WEST	l ,	Title: Name: Address: City-St-Zip:	CORBIN, N. E 1604 STOCK	X) Change () Addition 3 JR. TON STREET ILE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. ROBERTS SD 03/14/2005