

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000059883

**Entity Name:** ANT PHARMACY INC

**Current Principal Place of Business:**

919 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

8130 NW 50 ST  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 84-2477391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIGH END INCOME TAX & ACCTG SERVICES  
919 SOUTH STATE ROAD7  
PLANTATION, FL 33317 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:** MICHAEL EMOKPAE

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP,S
Name	THOMAS, DAVE A	Name	THOMAS, DEONNE A
Address	8130 NW 50 ST	Address	8130 NW 50 ST
City-State-Zip:	CORAL SPRINGS FL 33067	City-State-Zip:	CORAL SPRINGS FL 33067

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVE THOMAS

**PRESIDENT**

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date