

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055296

FILED
Apr 28, 2004
Secretary of State

Entity Name: CANADIAN DRUG DISCOUNTERS OF WINTER HAVEN, INC

Current Principal Place of Business:

634 1ST ST SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

634 1ST ST SE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 83-0358129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHERFORD, KIM
903 W LAKE OTIS DR
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JORDAN, ALEJANDRO JR.
Address: 1225 N. LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: V () Delete
Name: JORDAN, A. NICOLE R
Address: 1225 N. LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: V () Delete
Name: RUTHERFORD, CRAIG B
Address: 903 WEST LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: RUTHERFORD, KIMBERLY K
Address: 903 WEST LAKE OTIS DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIM RUTHERFORD

ST

04/28/2004

Electronic Signature of Signing Officer or Director

Date