

# 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