

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106795

Entity Name: PENSACOLA APOTHECARY, INC.**Current Principal Place of Business:**6506 N. DAVIS HWY
PENSACOLA, FL 32504**Current Mailing Address:**6506 N. DAVIS HWY
PENSACOLA, FL 32504 US**FEI Number:** 20-0283738**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULTE, CHRISTOPHER M
6506 N. DAVIS HWY
PENSACOLA, FL 32504 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR	Title	CHAIRMAN OF THE BOARD
Name	SCHULTE, CHRISTOPHER	Name	SCHULTE, CHRISTOPHER
Address	6506 N. DAVIS HWY	Address	6506 N. DAVIS HWY
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504
Title	SECRETARY	Title	TREASURER/CFO
Name	SCHULTE, CHRISTOPHER	Name	SCHULTE, CHRISTOPHER
Address	6506 N. DAVIS HWY	Address	6506 N. DAVIS HWY
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32504
Title	PRESIDENT/CEO		
Name	SCHULTE, CHRISTOPHER		
Address	6506 N. DAVIS HWY		
City-State-Zip:	PENSACOLA FL 32504		

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: CHRISTOPHER SCHULTE**PRESIDENT/CEO****05/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date