

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252433

FILED
Feb 03, 2004
Secretary of State

Entity Name: DENNIS PHARMACY, INC.

Current Principal Place of Business:

1229 SIMONTON ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1229 SIMONTON ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-6081357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEA, EMILIO
1341 TROPICAL ST
KEY WEST, FL 33040 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: ALEA, EMILIO, SR,
Address: 1341 TROPICAL
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: ALEA, ELAINE,
Address: 1229 SIMONTON
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: ALEA, THERESA,
Address: 1341 TROPICAL
City-St-Zip: KEY WEST, FL

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:

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: ELAINE ALEA

D

02/03/2004

Electronic Signature of Signing Officer or Director

Date