

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 254281

1. Entity Name

PEARL STREET PHARMACY, INC.



FILED

04 MAR -9 AM 7:43

SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% JAMES PHILLIP BROWN
312 W 8TH ST.
JACKSONVILLE FL 32206

Mailing Address

% JAMES PHILLIP BROWN
312 W 8TH ST.
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)



4. FEI Number 59-0941425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JAMES PHILIP
1342 MARLEE ROAD
SWITZERLAND FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Phillip Brown

James Phillip Brown 3-8-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BROWN, JAMES P
STREET ADDRESS 1342 MARLEE RD
CITY-ST-ZIP SWITZERLAND, FLA 00000 ☐ Delete

TITLE
NAME Freeman, melvin
STREET ADDRESS Perry Street
CITY-ST-ZIP Jacksonville, FL 32206 ☐ Change ☒ Addition

TITLE DVT
NAME BOLDER, ANNETTE
STREET ADDRESS 4839 MONICA F RD, #7
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS 400030328814
CITY-ST-ZIP 03/12/04--01015--001 **211.25 ☐ Change ☐ Addition

TITLE D
NAME BROWN, JOHN P
STREET ADDRESS 335 WEST 8TH ST
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOINS, ANNETTE
STREET ADDRESS 1303 LAURA ST
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACKSON, LINDA S
STREET ADDRESS 2121 N DAVIS ST
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BROWN, JAMES
STREET ADDRESS PO BOX 72
CITY-ST-ZIP SUMMERLAND CA 93067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

James Phillip Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Phillip Brown 3-8-04
Date 904-336-1304