

# ANNUAL REPORT (AR)

DOCUMENT # 254281

1. Entity Name

PEARL STREET PHARMACY, INC.



**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

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

1st MOORE

CR2E034 (10/04)

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

BROWN, JAMES PHILIP  
1342 MARLEE ROAD  
SWITZERLAND FL 32259

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JAMES P	
STREET ADDRESS	1342 MARLEE RD	
CITY- ST- ZIP	SWITZERLAND, FLA 00000	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	BOLDER, ANNETTE	
STREET ADDRESS	4839 MONICA F RD, #7	
CITY- ST- ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN P	
STREET ADDRESS	335 WEST 8TH ST	
CITY- ST- ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOINS, ANNETTE	
STREET ADDRESS	1303 LAURA ST	
CITY- ST- ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LINDA S	
STREET ADDRESS	2121 N DAVIS ST	
CITY- ST- ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	PO BOX 72	
CITY- ST- ZIP	SUMMERLAND CA 93067	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000256274  
03/09/05-80007-024 150.00

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 all other like empowered.

SIGNATURE:

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

3-7-05

904 955 0237

Date

Daytime Phone if