

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90054 001 ***150.00

DOCUMENT # 254281

1. Entity Name

PEARL STREET PHARMACY, INC.



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

4. FEI Number

59-0941425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 checked="" 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 checked="" 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	CLARENCE WEBB II	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1850 Silver St	
STREET ADDRESS	Jacksonville, FL 32206	
CITY-ST-ZIP		
TITLE	ATAFF Hagerahana	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	500 Ache St #1204	
STREET ADDRESS	Jacksonville, FL 32211	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-24-06

904356 1304

Date

Daytime Phone #