

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 254281

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: PEARL STREET PHARMACY, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 59-0941425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, JAMES PHILIP  
1342 MARLEE ROAD  
SWITZERLAND, FL 32259 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, JAMES P  
Address: 1342 MARLEE RD  
City-St-Zip: SWITZERLAND, FLA 00000,

Title: D ( ) Delete  
Name: HAGERAHAMA, AFAFF  
Address: 500 ACME ST #1204  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: BROWN, JOHN P  
Address: 335 WEST 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: GOINS, ANNETTE  
Address: 1303 LAURA ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: JOHNSON, SHENAKA  
Address: 335 W 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: BROWN, JAMES  
Address: PO BOX 72  
City-St-Zip: SUMMERLAND, CA 93067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWN, JAMES P  
Address: 1342 MARLEE RD  
City-St-Zip: SWITZERLAND, FLA 00000, FL 32206

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated in Chapter 119, 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: JAMES PHILLIP BROWN

RPH

09/16/2009

Electronic Signature of Signing Officer or Director

Date