

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90037 004 ***150.00

DOCUMENT # 285592

1. Entity Name
G & G DRUGS, INC.



Principal Place of Business
**115 N.W. SANTA FE BLVD.
HIGH SPRINGS FLA, 32643**

Mailing Address
**1125 N SUMMIT STREET
CRESCENT CITY, FL 32112 US**

24041690



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1057321

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PICKENS, JOE H
222 N 3RD ST
PALATKA, FL 32177**

Name **WILLIAM E. BUTLER**

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

1125 N. SUMMIT ST

City **CRESCENT CITY**

FL

Zip Code **32112**

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, 2004 Fee will be \$550.00**

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 **SD** ☐ Delete
NAME **BUTLER, WILLIAM E**
STREET ADDRESS **229 KIRKWOOD AVE.**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

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

TITLE **D** ☐ Delete
NAME **FLETCHER, WARREN D**
STREET ADDRESS **ROUTE 309, CEDAR COVE**
CITY-ST-ZIP **GEORGETOWN, FL 32139**

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

TITLE **D** ☐ Delete
NAME **HORN, CHIRSTOPHER C**
STREET ADDRESS **3010 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

TITLE **DP** ☒ Delete
NAME **PRESTON, MICHAEL**
STREET ADDRESS **685 SW 1ST STREET**
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

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

TITLE **D** ☐ Delete
NAME **PEREZ, SALVADOR**
STREET ADDRESS **270 NE 8TH AVE**
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **PLACENSIA, NELSON**
CITY-ST-ZIP **115 N.W. SANTA FE BLVD
HIGH SPRINGS FL 32643**

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:

WILLIAM E. BUTLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04 (386) 698-3737