

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**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**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1057321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUTLER, WILLIAM E  
1125 N. SUMMIT ST  
CRESCENT CITY, FL 32112**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000729869  
05/08/07-80050-011 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, WILLIAM E 229 KIRKWOOD AVE. CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, WARREN D ROUTE 309, CEDAR COVE GEORGETOWN, FL 32139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, HAL 1785 CHERRY LN MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, H. THOMAS 1125 N SUMMIT ST CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, SALVADOR 270 NE 8TH AVE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **WILLIAM E. BUTLER**

**4/23/07**

**(386) 698-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #