

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90017 015 ***150.00

DOCUMENT # 371535

1. Entity Name

ANDREWS DRUGS OF LAKE BUTLER, INC.



Principal Place of Business

RT 4 BOX 2060
LAKE BUTLER FL 32054
US

Mailing Address

RT 4 BOX 2060
LAKE BUTLER FL 32054
US

2. Principal Place of Business

540 SOMBRERO BEACH RD.

Suite, Apt. #, etc.

MARATHON FL.

City & State

3. Mailing Address

540 SOMBRERO BEACH RD.

Suite, Apt. #, etc.

City & State

MARATHON FL.

Zip

33050

Country

USA

Zip

33050

Country

USA

6. Name and Address of Current Registered Agent

ANDREWS, JOHN H.
395 W. MADISON ST
STARKE FL 32091

7. Name and Address of New Registered Agent

Name

ANDREWS JOHN H.

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

540 SOMBRERO BEACH ROAD

City

MARATHON

FL

Zip Code

33050

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

Brenda Andrews BRENDA ANDREWS

2/8/04

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

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	V	<input type="checkbox"/> Delete
NAME	ANDREWS, L E	
STREET ADDRESS	RT 4 BOX 1038	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, JOHN H	
STREET ADDRESS	RT 4 BOX 2060	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDREWS, BRENDA	
STREET ADDRESS	RT 4 BOX 2060	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS JOHN H.	
STREET ADDRESS	540 SOMBRERO BEACH ROAD	
CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS BRENDA	
STREET ADDRESS	540 SOMBRERO BEACH ROAD	
CITY-ST-ZIP	MARATHON, FL 33050	
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 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:

Brenda Andrews BRENDA ANDREWS

2/8/04

305-289-9360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #