2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 403347

1. Entity Name
GOODMAN DRUGS, INC.

Principal Place of Business	Mailing Address
1234 NE 4TH AVENUE	1234 NE 4TH AVENUE
FT. LAUDERDALE, FL 33311-7235 US	FT. LAUDERDALE, FL 33311-7235 US

DO NOT WRITE IN THIS SPACE

5002634A

--02252005-- No Chg-P - CR2E034 (10/03)

4. FEI Number	Applied For
59-1399391	Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSER, ELAINE G.
708 NE 20TH DRIVE
WILTON MANORS, FL 33305

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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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	GLASSER, ELAINE G
STREET ADDRESS	708 NE 20TH DR
CITY-ST-ZIP	WILTON MANORS, FL 333052220

TITLE	ST
NAME	GLASSER, MICHELLE W
STREET ADDRESS	708 NE 20TH DR
CITY-ST-ZIP	WILTON, FL 333052220

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Elaine G. Glasser*   3-10-05   954-764-6257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #