


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90170 024 \*\*\*550.00

<b>DOCUMENT # 515612</b>					
<b>1. Entity Name</b> JACKSON DRUGS, INC.					
<b>Principal Place of Business</b> 2301 OKEECHOBEE ROAD FT. PIERCE, FL 34950			<b>Mailing Address</b> 2301 OKEECHOBEE ROAD FT. PIERCE, FL 34950		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  JACKSON, KENNETH A. 2301 OKEECHOBEE RD. FORT PIERCE, FL 34950				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
JACKSON, KENNETH A. 2301 OKEECHOBEE RD. FORT PIERCE, FL 34950				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D	<input type="checkbox"/> Delete				
<b>NAME</b> JACKSON, JOHN F.					
<b>STREET ADDRESS</b> 2630 RAINBOW DRIVE					
<b>CITY-ST-ZIP</b> FT PIERCE, FL 00000,					
<b>TITLE</b> PD	<input type="checkbox"/> Delete				
<b>NAME</b> JACKSON, KENNETH A					
<b>STREET ADDRESS</b> 715 KEARNEY ROAD					
<b>CITY-ST-ZIP</b> FT PIERCE, FL 00000,					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 					
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>	2301 OKEECHOBEE RD				
<b>CITY-ST-ZIP</b>	FT. PIERCE, FL 34950				
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kenneth Jackson</i> <b>Kenneth Jackson</b> <b>4/30/04</b> <b>772-463789</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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05032004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1695462** Applied For Not Applicable

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