



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 635523</b> 1. Entity Name ECKERD FLEET, INC.	
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Principal Place of Business % CORP TAX DEPT 8333 BRYAN DAIRY ROAD LARGO, FL 33777 US	Mailing Address PO BOX 10001 DALLAS, TX 75301 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04212004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-1935574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HARRIS, JW 8333 BRYAN DAIRY ROAD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVGS ROBERT, LEWIS E. 8333 BRYAN DAIRY ROAD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPM CERRA, ENZO 8333 BRYAN DAIRY ROAD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATAS MILAM, DENNIS J 8333 BRYAN DAIRY ROAD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS VAWRINEK, JJ 8333 BRYAN DAIRY ROAD LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVSO LOEFFLER, R. W. 833 BRYAN DAIRY RD LARGO, FL

<p>U00000150505 05/04/04-80006-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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>SIGNATURE:</b>  <b>JEFFREY J. VAWRINEK</b>	<b>4/28/04</b>	<b>972-431-2121</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>