


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000620</b>					
1. Entity Name <b>DISCOUNT MEDICAL SUPPLY OF BUNNELL, FL, INC.</b>					
Principal Place of Business <b>1504 OLD MOODY BLVD., SUITE #7 BUNNELL FL 32110</b>			Mailing Address <b>1504 OLD MOODY BLVD., SUITE #7 BUNNELL FL 32110</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>74-3046564</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KASKISTO, GARY 1504 OLD MOODY BLVD., SUITE #7 BUNNELL FL 32110</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KASKISTO, GARY 26 CEDAR POINTE PALM COAST FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000035305 02/06/04-80013-005 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KASKISTO, FAITH 26 CEDAR POINTE PALM COAST FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** *Gary Kaskisto* **GARY KASKISTO** *2-3-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #