2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 050 ***150.00

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DOCUMENT # F03000000840

1. Entity Name
CANADA DRUG OUTLET, INC.

Principal Place of Business	Mailing Address
1970 STRATTON CT. KANNAPOLIS, NC 28081	304 MOHAWK RD. CLERMONT, FL 34711

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		304 MOHAWK Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MINNEOLA, FL.	
Zip	Country	Zip: 34715	Country: US

4. FEI Number: 71-0924560 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, JOSEPH B 304 MOHAWK RD. CLERMONT, FL 34711	Name: JOSEPH B. COLLINS Street Address (P.O. Box Number is Not Acceptable): 304 MOHAWK Rd. City: MINNEOLA FL Zip Code: 34715

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: Joseph B. Collins July 12, 2004
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT COLLINS, JOSEPH B 1970 STRATTON CT. KANNAPOLIS, NC 28081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, CLATIE M 304 MOHAWK RD. CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CLATIE M. COLLINS 304 MOHAWK Rd. MINNEOLA, FL. 34715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph B. Collins July 12, 2004 352-2[illegible]-9845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #