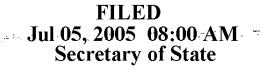
2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000840 CANÁDA DRUG OUTLET, INC. Principal Place of Business Mailing Address





DO NOT WRITE IN THIS SPACE

304 MOHAWK RD.

MINNEOLA, FL 34715

|--|--|--|--|

06302005	No Chg-P	CR2	E034 (10/03)
4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
71-0924	560		Not Applicable
5 Certificate	of Status Desired		\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JOSEPH B 304 MOHAWK RD MINNEOLA, FL 34715

SIGNATURE:

1970 STRATTON CT.

KANNAPOLIS, NC 28081

DO NOT WRITE

5. Certificate of Status Desired

			IIN	I NIS SPACE	
The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	ot
SIGNATURE Signature, typed or printed name of registered agent and to	litle if applicable. (NOTE, Registered A	gent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$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 DIR	RECTORS			<u></u>	<u></u>
TITLE CT NAME COLLINS, JOSEPH B STREET ADDRESS CITY-ST-ZIP KANNAPOLIS, NC 28081					
TITLE P NAME COLLINS, CLATIE M STREET ADDRESS 304 MOHAWK RD. CITY-ST-ZIP MINNEOLA, FL 34715				U00000370565 07/05/05-80021-025 150.00	 . •
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> Santa ang sa sagadan sa Padaporta kalabar sa Santa ang sa Santa</u>	Ą
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	s filing does not qualify for the exemple and accurate and that my signature red to execute this report as required all other like empowered.	tion state shall had by Chap	d in Section 119.07(3) ve the same legal effer ter 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as, and that my name appears in Block 10 or Block 11 in	if