

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000004110	
1. Entity Name BELLCO DRUG CORP.	
Principal Place of Business 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701	Mailing Address 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-1963334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 14, 2007**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SCHUSS, ERIC 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCST SCHUSS, DAVID J 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD GOLDSTEIN, NEAL 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUSSO, VINCENT 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/12/07-80006-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/07

Date

631-789-6300

Days/No Phone #