2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # H56154

1. Entity Name
SPRINGS PARK DRUG, INC.

Principal Place of Business	Mailing Address
% FRANK MALUDA 9835 W. SAMPLE RD. CORAL SPRINGS, FL 33065	% FRANK MALUDA 9835 W. SAMPLE RD. CORAL SPRINGS, FL 33065

06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2551342

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALUDA, JR., FRANK J.
11011 N.W. 19TH STREET
CORAL SPRINGS, FL 33071

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	MALUDA, FRANK J JR
STREET ADDRESS	11011 N.W. 19TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	V
NAME	MALUDA, MARYSUE
STREET ADDRESS	11011 N.W. 19TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000056959
07/05/06-90004-005 550.00

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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: Frank J Maluda Pres 6/30/06 (954) 752-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #