

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H57689

1. Entity Name
BUNNELL PHARMACY, INC.



Principal Place of Business
**MEDICAL ARTS BUILDING
BUNNELL, FL 32110**

Mailing Address
**P.O. BOX 895
BUNNELL, FL 32110**

DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2529935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAQUETTE, JAMES A.
MEDICAL ARTS BLDG.
BUNNELL, FL 32110**

**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

1/25/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U999999197326

01/27/05-80007-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAQUETTE, JAMES A.
STREET ADDRESS	4610 TOMOKA DRIVE
CITY - ST - ZIP	DE LEON SPRINGS, FL
TITLE	VD
NAME	POLLIO, GEORGE
STREET ADDRESS	346 N. 12TH ST.
CITY - ST - ZIP	FLAGLER BEACH, FL
TITLE	SD
NAME	PAQUETTE, SUSAN A.
STREET ADDRESS	4610 TOMOKA DRIVE
CITY - ST - ZIP	DE LEON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

386437 332

Daytime Phone #