

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

07-15-2004 90007 047 \*\*\*150.00

**DOCUMENT # J43929**

1. Entity Name

**TRI-PALM PHARMACY, INC.**



Principal Place of Business

**10484 STRING FELLOW BL., STE #2  
ST. JAMES CITY FL 33956**

Mailing Address

**10484 STRING FELLOW BL., STE #2  
ST. JAMES CITY FL 33956**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2748437**

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

**PINTA, SCOTT  
5703 INVERNESS CIRCLE NW  
N. FORT MYERS FL 33903**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PINTA, SCOTT  
STREET ADDRESS 5703 INVERNESS CIR. NW  
CITY-ST-ZIP FORT MYERS FL 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME PINTA, JADE  
STREET ADDRESS 5703 INVERNESS CIR. NW  
CITY-ST-ZIP FORT MYERS FL 33903

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Scott Pinta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/04*  
Date

Daytime Phone #



*Attachment*  
**Pine Island Pharmacy**

10484 Stringfellow Blvd.  
St. James City, FL 33956  
1-813-283-2141  
239

J43929

44048804  
7/12/04

TO DEPARTMENT OF STATE  
DIV. OF CORPORATIONS:

FIND ATTACHED ANNUAL REPORT FOR  
2004, ORIGINAL WAS SENT IN ON  
1/21/04, BUT YOU DID NOT RECEIVE. ALSO  
ATTACHED REISSUED CHECK FOR THE \$150<sup>00</sup>  
REPORT FEE.

THANK YOU FOR YOUR HELP

Scott R. Pinta