2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # K50458 1. Entity Name LEMON BAY DRUGS, INC. Mailing Address Principal Place of Business 60 HARWICH CIRCLE **60 HARWICH CIRCLE** ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 02202004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0085152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHUMATE, WILLIAM DO NOT WRITE 60 HARWICH CIR ENGLEWOOD, FL 34223 IN THIS SPACE 3. 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 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHUMATE, WILLIAM J. NAME: STREET ADDRESS 60 HARWICH CIRCLE COY-ST-ZIP ENGLEWOOD, FL U00000062315 02/23/04-80116-014 150.00 TITLE SHUMATE, CLELLA R. NAME STREET ADDRESS **60 HARWICH CIRCLE** CITY-ST-ZIP ENGLEWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CER OR DIRECTOR

SIGNATURE: .

CITY-ST-ZIP