

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000079711

1. Entity Name
T & L PHARMACIES, INC.



Principal Place of Business
**1100 66TH STREET N, STE. 23
LARGO, FL 33773 US**

Mailing Address
**1100 66TH STREET N, STE. 23
LARGO, FL 33773 US**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAPAS, CONSTANTINE W ESQ
201 N. FRANKLIN STREET, STE. 2200
TAMPA, FL 33602**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TANEJA, MANDEEP
11100 66TH STREET NORTH, STE. 23
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LAGMBA, MICHELE
11100 66TH STREET NORTH, STE. 23
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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U000000139936
04/27/04-80108-015 150.00

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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)(f), 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: MANDEEP K. TANEJA, V.P. 4/26/04 727-542-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #