

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P00000105988

1. Entity Name

SHANNAHAN'S PHARMACEUTICAL RETURNS, INC.



Principal Place of Business

3450 TOM'S COURT
GREEN COVE SPRINGS FL 32043

Mailing Address

3450 TOM'S COURT
GREEN COVE SPRINGS FL 32043

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

59-3707539

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANNAHAN, RAYMOND E JR
3450 TOM'S COURT
GREEN COVE SPRINGS FL 32043

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 V Delete
NAME SHANNAHAN, DAVID
STREET ADDRESS RT 5 BOX 7624
CITY-ST-ZIP MELBOURNE FL 32901

TITLE V Change
NAME SHANNAHAN, DAVID W. Address
STREET ADDRESS RT 5 BOX 7624
CITY-ST-ZIP STAFKE, FL 32091

TITLE V Delete
NAME SHANNAHAN, DONNA
STREET ADDRESS 3450 TOM'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V Change
NAME SHANNAHAN, DONNA
STREET ADDRESS 3450 TOM'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V Delete
NAME SHANNAHAN, DONNA
STREET ADDRESS 3450 TOM'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V Change
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TITLE V Delete
NAME SHANNAHAN, DONNA
STREET ADDRESS 3450 TOM'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V Change
NAME SHANNAHAN, DONNA
STREET ADDRESS 3450 TOM'S COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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: *Raymond E. Shannahan Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04
Date

904-334-8571
Daytime Phone #



MOORE CR2E034 (4/04)

54065285

**FILED
Jul 28, 2004 8:00 am
Secretary of State**

07-28-2004 90018 016 ***150.00