

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000049459

1. Entity Name
GOTTA RUN RX, INC.



Principal Place of Business
2631 "R" AVE #B
RIVERA BEACH, FL 33404

Mailing Address
801 DIVISION AVE
WEST PALM BEACH, FL 33401



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1108783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EASLEY, JAMES
2631 AVE R UNIT #B
RIVERA BEACH, FL 33404

**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 James Easley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/2/04

**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

U00000077847
03/08/04-80003-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME EASLEY, GAYLE S
STREET ADDRESS 801 DIVISION AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S
NAME ROUSE, VELETTA M
STREET ADDRESS 1476 WEST 37TH ST
CITY-ST-ZIP RIVERA BEACH, FL 33404

TITLE VP
NAME EASLEY, JAMES B
STREET ADDRESS 801 DIVISION AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/2/04

DAYTIME PHONE # 561-659-7166