

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000068561

1. Entity Name
FLAGLER COMMUNITY PHARMACY, INC.



Principal Place of Business
**300 HEALTH PARK BLVD., SUITE 1002
ST. AUGUSTINE, FL 32086**

Mailing Address
**300 HEALTH PARK BLVD., SUITE 1002
ST. AUGUSTINE, FL 32086**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TANTON, DANNY D
925 BAYSIDE BLUFF RD
JACKSONVILLE, FL 32259**

**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 _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000094622
03/23/04-80004-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
TANTON, DANNY
925 BAYSIDE BLUFF RD
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BURGHARDT, JOE
1437 HOPKINS CREEK LANE
NEPTUNE BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
TANTON, CYNTHIA N
925 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BIRDWELL, DARLA
545 N. BRIDGESTONE AVE
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #