

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 007 ***150.00

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1. Entity Name
GENESIS PHARMACEUTICAL DISTRIBUTORS, INC.



Principal Place of Business
5710 HOOVER BLVD.
TAMPA, FL 33634

Mailing Address
5710 HOOVER BLVD.
TAMPA, FL 33634

94048894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3736732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKEL, JACOB J
5710 HOOVER BLVD.
TAMPA, FL 33634

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 \$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 PD ☒ Delete
NAME BECKEL, JACOB J
STREET ADDRESS 5710 HOOVER BLVD.
CITY-ST-ZIP TAMPA, FL 33634

TITLE ST ☒ Delete
NAME MECKLEY, MICHAEL S
STREET ADDRESS 5710 HOOVER BLVD.
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Beckel, Jacob J.
STREET ADDRESS 5710 Hoover Blvd.
CITY-ST-ZIP Tampa, FL 33634

TITLE P/S/T ☐ Change ☒ Addition
NAME Arnette, Christopher A.
STREET ADDRESS 5710 Hoover Blvd.
CITY-ST-ZIP Tampa, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jacob Beckel

Jacob Beckel

1/26/04

800-995-4363

Date

Daytime Phone #

X222