

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000001756

1. Entity Name
DR-SCRIPTS, INC.



Principal Place of Business
**9160 BUTTERFLY COURT
FORT MYERS, FL 33919**

Mailing Address
**9160 BUTTERFLY COURT
FORT MYERS, FL 33919**



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
26-0004915

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEE, DOUGLAS
9160 BUTTERFLY COURT
FORT MYERS, FL 33919**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-04

**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**

U000000122105

04/21/04-80015-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEE, DOUGLAS
STREET ADDRESS	9160 BUTTERFLY COURT
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	NEE, REBECCA
STREET ADDRESS	9160 BUTTERFLY COURT
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 19.07(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

4-15-04

DAYTIME PHONE #

239-565-7294