

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90032 050 ***158.75

DOCUMENT # P02000069050

1. Entity Name
PHARMACONOMICS, INC.



Principal Place of Business

**2151 CAIRNS COURT
ORLANDO, FL 32835**

Mailing Address

**2151 CAIRNS COURT
ORLANDO, FL 32835**

54061951



2. Principal Place of Business

2101 PARK CENTER DRIVE

3. Mailing Address

2101 PARK CENTER DRIVE

Suite, Apt. #, etc.

SUITE 260

Suite, Apt. #, etc.

SUITE 260

07012004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

04-3700531

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ACTIVE FILINGS LLC

10651 NE 11 COURT

MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELL, ELLIOTT R	
STREET ADDRESS	2151 CAIRNS COURT	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAO, DAVID G	
STREET ADDRESS	2439 ROAT DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, ELLIOTT R.	
STREET ADDRESS	2151 CAIRNS COURT	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAO, DAVID G.	
STREET ADDRESS	2439 ROAT DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, RODNEY E.	
STREET ADDRESS	7670 MILANO DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDELL, GINGER L.	
STREET ADDRESS	2151 CAIRNS COURT	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEE, DANIEL J.	
STREET ADDRESS	15513 PEBBLE RIDGE ST	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Elliot R. Mandell **ELLIOTT R. MANDELL** 7/1/04 (407)298-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #