

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90002 002 ***150.00

DOCUMENT # P02000109870

1. Entity Name
 PINE HILLS DRUGS, INC.



Principal Place of Business
 5680 WEST COLONIAL DR.
 107
 ORLANDO, FL 32808 FL

Mailing Address
 5680 WEST COLONIAL DR.
 107
 ORLANDO, FL 32808 FL

2. Principal Place of Business
 5600 W. Colonial Dr.
 Suite, Apt. #, etc. Suite 107
 City & State Orlando, FL
 Zip 32808 Country USA

3. Mailing Address
 5600 W. Colonial Dr.
 Suite, Apt. #, etc. STE 107
 City & State Orlando, FL
 Zip 32808 Country USA



07212004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2077292 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

OKAFOR, FORSTER E
 3136 ATWATER DR.
 ORLANDO, FL 32825

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

7/21/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OKAFOR, FORSTER E	
STREET ADDRESS	3136 ATWATER DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MBIONWU, CHIMEZIRI O	
STREET ADDRESS	3020 HARTLAND CT.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Date

407 291-1236

Daytime Phone #

Attachment

54064732

Robinson and Robinson Inc.

JULY 21, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that, Pine Hills Drugs, Inc., has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2004). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #P02000109870 Enclosed is \$150.00 for the year of 2004.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson