


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90073 010 \*\*\*150.00

DOCUMENT # P03000083104					
1. Entity Name GREG DREXLER PHARMACIST, INC.					
Principal Place of Business <del>2604 NW 69TH TERRACE</del> <del>GAINESVILLE FL 32606</del> 5310 Northwest 45th Drive Gainesville, Florida 32653			Mailing Address <del>2604 NW 69TH TERRACE</del> <del>GAINESVILLE FL 32606</del> 5310 Northwest 45th Drive Gainesville, Florida 32653		
2. Principal Place of Business 5310 NW 45th Drive Suite, Apt. #, etc. Gainesville, Florida 32653 City & State		3. Mailing Address 5310 NW 45th Drive Suite, Apt. #, etc. Gainesville Florida City & State		<div style="text-align: center;">1st MOORE CR2E034 (10/04)</div> <div style="text-align: center;">4. FEI Number 20-0153905</div> <div style="text-align: center;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
Zip 32653 Country United States		Zip 32653 Country United States			
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;">DREXLER, GREG 2604 NW 69TH TERRACE GAINESVILLE FL 32606</div> 5310 NW 45th Drive 32653					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				<div style="text-align: center;">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.</div> <div style="text-align: center;">SIGNATURE _____ DATE _____</div> <div style="text-align: center; font-size: small;">(NOTE: Registered Agent signature required when reinstating)</div>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE D NAME DREXLER, GREG STREET ADDRESS 2604 NW 69TH TERRACE CITY-ST-ZIP GAINESVILLE FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Greg Drexler Greg Drexler 2-23-05 352-376-4853