

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90002 033 ***150.00

DOCUMENT # P04000003298 1. Entity Name BAIN & CO. APOTHECARY, INC.					
Principal Place of Business 51 UPTOWN GRAYTON CIRCLE, UNIT #1 GRAYTON BEACH, FL 32459			Mailing Address 51 UPTOWN GRAYTON CIRCLE, UNIT #1 GRAYTON BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address 37 Fern Cove Suite, Apt. #, etc. Santa Rosa Beach, City & State Florida Zip 32459 Country USA			
Suite, Apt. #, etc.		4. FEI Number 73-1688892			
City & State		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAIN, M. CLAIRE 51 UPTOWN GRAYTON CIRCLE, UNIT #1 GRAYTON BEACH, FL 32459			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, M. CLAIRE 51 UPTOWN GRAYTON CIRCLE, UNIT #1 GRAYTON BEACH, FL 32459 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X M. Claire Bain CLAIRE BAIN 7/14/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

