

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026227

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: DISCOUNTFLEAMEDS.COM, INC.

**Current Principal Place of Business:**

14333-42 BEACH BLVD  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

14333-42 BEACH BLVD  
JACKSONVILLE, FL 32250

**New Mailing Address:**

14286-19 BEACH BLVD  
316  
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-4526334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEVERIDT, JUSTIN M  
14333-42 BEACH BLVD  
JACKSONVILLE, FL 32250      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEVERIDT, DEAN  
Address: 14333-42 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP  
Name: SEVERIDT, JUSTIN M  
Address: 14333-42 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32250

Title: GM  
Name: SEVERIDT, NIKOLAS  
Address: 14333-42 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN SEVERIDT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

01/08/2010

\_\_\_\_\_  
Date