

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000013154



1. Entity Name

FLORESTA PHARMACY, INC.

Principal Place of Business

1550 FLORESTA DR
PORT ST LUCIE FL 34983

Mailing Address

1550 FLORESTA DR
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0495442

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERRAGO, KEITH
1550 FLORESTA DR
PORT ST LUCIE FL 34983

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 reinstating)

DATE

1-27-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SERRAGO, KEITH
1550 FLORESTA DR
PORT ST LUCIE FL 34983

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

U000000020894

01/29/04-80087-008 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

722-340-4142

Daytime Phone #