

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00
Secretary of Stat

DOCUMENT # P97000032928

1. Entity Name
RIGHT B'ND ECKERDS, INC.



Principal Place of Business
261 N AIT.
JUPITER, FL 33477

Mailing Address
15 BAY HARBOR ROAD
TEQUESTA, FL 33469



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0752665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BLACK, RICHARD
261 N AIT.
JUPITER, FL 33477

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IN THIS SPACE**

6. I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1100000352072
01/30/06 80079-025 150.00

OFFICERS AND DIRECTORS

P	BLACK, RICHARD
STREET ADDRESS	15 BAY HARBOR ROAD
CITY-STATE-ZIP	TEQUESTA, FL 33469
S/T	BLACK, KATHERINE R
STREET ADDRESS	15 BAY HARBOR ROAD
CITY-STATE-ZIP	TEQUESTA, FL 33469
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #