


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000007235 1. Entity Name DRUGS FOR LESS, INC.	
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Principal Place of Business 7895 PENSACOLA BOULEVARD PENSACOLA, FL 32534	Mailing Address 7895 PENSACOLA BOULEVARD PENSACOLA, FL 32534
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DO NOT WRITE IN THIS SPACE



08042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3491447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**FEIGE, TERRY
22 S. 8TH ST.
FERNANDINA BEACH, FL 32034**

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 file it satisfactory. (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, MICHAEL J 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIER, JOHN D 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASEY, JOHN A 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAIL, CHARLES S 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles S. Vail Charles S. Vail
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____