

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90090 009 ***150.00

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1. Entity Name
ESSENTIALS APOTHECARIES OF DELRAY BEACH, INC.



Principal Place of Business
**533 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483**

Mailing Address
**533 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483**

40076218



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0926945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPADAFORA, CAROLANN
533 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPADAFORA, JOSEPH**
STREET ADDRESS **533 E. ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Delete
NAME **SPADAFORA, CAROLANN**
STREET ADDRESS **533 E. ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07
Date

561-276-7070
Daytime Phone #