

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000081575

1. Entity Name
DRUGMAX.COM, INC.



Principal Place of Business
25400 US HWY 19 NORTH, STE 137
CLEARWATER, FL 33763 US

Mailing Address
25400 US HWY 19 NORTH, STE 137
CLEARWATER, FL 33763 US



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3649091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIVEL, JULIO C
SHUMAKER, LOOP & KENDRICK LLP
101 E. KENNEDY BLVD, STE 2800
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000102046
04/09/04-80039-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
LABAMBA, WILLIAM L
25400 US HWY 19 NORTH, STE 137
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DTCF
PATRICK, RONALD J
25400 US HWY 19 NORTH, STE 137
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TANEJA, JUGAL K
25400 US HWY 19 NORTH, STE 137
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(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

Date _____

Daytime Phone # _____

727-
533-0431