2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S31654

1. Entity Name
GENERAL PHARMACIES, INC.

Principal Place of Business	Mailing Address
1409 57TH ANE. WEST BRADENTON, FL 34207	1409 57TH ANE. WEST BRADENTON, FL 34207

DO NOT WRITE IN THIS SPACE

02252004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0262830		Not Applicable

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

6. Name and Address of Current Registered Agent

GENERALOVICH, NICK
1200 PORT LANE
SARASOTA, FL 34242

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)

U000001 26497
04/23/04-80037-003 150.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PDS
NAME	GENERALOVICH, NICK
STREET ADDRESS	1200 PORT LANE
CITY-ST-ZIP	SARASOTA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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: _____   3/31 2004   941 739-9974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #