

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # V22219

1. Entity Name
GOLDEN GATE PHARMACY, INC.



Principal Place of Business
**11669 COLLIER BLVD
NAPLES, FL 34116 US**

Mailing Address
**800 FIFTH AVE. S.
NAPLES, FL 34102 US**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0322427

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOJCIK, NANCY
800-5TH AVE SOUTH
NAPLES, FL 34102**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WOJCIK, JOHN 800 5TH AVE. S. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOJCIK, NANCY 800 5TH AVE. S. NAPLES, FL
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01/07/05-80040-013 150.00

**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: _____

Nancy Wojcik 1/3/05 reg agent