


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002484**

1. Entity Name  
**EDC DRUG STORES, INC.**



Principal Place of Business  
**8333 BRYAN DAIRY LARGO, FL 33777**

Mailing Address  
**6501 LEGACY DRIVE PLANO, TX 75024-3698**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**56-0596933**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	C HARRIS, J.W. 8333 BRYAN DAIRY ROAD LARGO, FL 337771213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LEWIS, R.E. 8333 BRYAN DAIRY ROAD LARGO, FL 337771213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, D.P. 8333 BRYAN DAIRY ROAD LARGO, FL 337771213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS VAWRINEK, J.J. 6501 LEGACY DR PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT NAPOLI, F.N. 6501 LEGACY DR PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NEEL, C D JR. 8333 BRYAN DAIRY ROAD LARGO, FL 337771213

**DO NOT WRITE IN THIS SPACE**

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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, 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 amendment with an address, with all other like empowered

SIGNATURE: Jeffrey J. Vawrinek **JEFFREY J. VAWRINEK** 4/28/04 972-431-2121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #