

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 275094**  
 1. Entity Name  
**DAVIDSON DRUGS, INC.**



Principal Place of Business      Mailing Address  
**1281 S TAMiami TRAIL**      **1281 S TAMiami TRAIL**  
**SARASOTA FL 34239**      **SARASOTA FL 34239**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
 4. FEI Number      Applied For  
**59-1028695**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**DAVIDSON, JOHN B**  
**8324 SANDERLING RD**  
**SARASOTA FL 34242**

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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


**10. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | DAVIDSON, ROBERT      |                                 |
| STREET ADDRESS | 1586 EASTBROOK DRIVE  |                                 |
| CITY-ST-ZIP    | SARASOTA FL           |                                 |
| TITLE          | C                     | <input type="checkbox"/> Delete |
| NAME           | DAVIDSON, JOHN B      |                                 |
| STREET ADDRESS | 8324 SANDERLING RD    |                                 |
| CITY-ST-ZIP    | SARASOTA FL           |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | DAVIDSON, RICHARD     |                                 |
| STREET ADDRESS | 1222 POINT CRIPS ROAD |                                 |
| CITY-ST-ZIP    | SARASOTA FL           |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | BACON, JOANN          |                                 |
| STREET ADDRESS | 5515 BRIARCLIFF DRIVE |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34232     |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS | U00000487292              |   |
| CITY-ST-ZIP    | 04/13/06-80072-014 150.00 |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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:       **JOHN B. DAVIDSON**      4/1/06      841-365-1515