

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293854

FILED
Mar 23, 2009
Secretary of State

Entity Name: CHEEK PHARMACY, INC.

Current Principal Place of Business:

16734 S.E. 19 HWY
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

EVANS SQUARE, P.O. BOX 5020
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-1104408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD A. GLOVER, CPA, PA
809 MICCOSUKKEE COMMONS DR.
108
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOATRIGHT, JOHN II
Address: 506 NE CO RD 354
City-St-Zip: MAYO, FL 32066

Title: S () Delete
Name: ROLLISON, MELODY
Address: 91 S.W. 12TH ST.
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: CHEEK, MILDRED
Address: 1280 N.E. 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: HARTWELL, BRENDA C
Address: 9525 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CHEEK, SPURGEON
Address: 1280 N.E. 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: VP () Delete
Name: HEWETT, JOHN C
Address: PO BOX 582
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY ROLLISON

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date