2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293854

Entity Name: CHEEK PHARMACY, INC.

FILED Jan 04, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

EVANS SQUARE, P.O. BOX 5020 P.O. BOX 5020

CROSS CITY, FL 32628 CROSS CITY, FL 32628

FEI Number: 59-1104408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

 Name:
 BOATRIGHT, JOHN II

 Address:
 506 NE CO RD 354

 City-St-Zip:
 MAYO, FL 32066

Title: S

 Name:
 ROLLISON, MELODY

 Address:
 91 S.W. 12TH ST.

 City-St-Zip:
 CROSS CITY, FL 32628

Title: D

 Name:
 CHEEK, MILDRED

 Address:
 1280 N.E. 351 HWY

 City-St-Zip:
 CROSS CITY, FL 32628

Title: [

 Name:
 HARTWELL, BRENDA C

 Address:
 9525 SW 75TH ST

 City-St-Zip:
 GAINESVILLE, FL 32608

Title:

 Name:
 CHEEK, SPURGEON

 Address:
 1280 N.E. 351 HWY

 City-St-Zip:
 CROSS CITY, FL 32628

Title: VF

Name: HEWETT, JOHN C Address: PO BOX 582 City-St-Zip: MAYO, FL 32066

I hereby 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 all other like empowered.

SIGNATURE: MELODY ROLLISON S 01/04/2010