2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 182185

Entity Name: COOPERS DRUGS INC

FILED Mar 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
700 E. BUS	SINESS HWY CITY, FL 3240	. 98	·		
Current Mailing Address:			New Mailing Address:		
P. O. BOX : ALBANY, G		US			
FEI Number:	59-0730699	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
	FRED F WY 19 S, SU G, GA, FL 31				
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Carr	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (SHARPE, FRE P. O. BOX 527 ALBANY, GA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SCOTT, LEND 479 FORREST DOTHAN, AL	ER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (COTTRELL, D 2110 WILDWO BREWTON, AI	OOD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FRED F SHARPE P 03/31/2008

1100 CORSBIE ST SW

HARTSELLE, AL 35640

Address:

City-St-Zip: