

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 182185

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: COOPERS DRUGS INC

**Current Principal Place of Business:**

700 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 527  
ALBANY, GA 31702 US

**New Mailing Address:**

FEI Number: 59-0730699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SHARPE, FRED F  
1579 US HWY 19 S, SUITE L  
LEESBURG, GA, FL 31763 US

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

NORMAN, PAULA B  
700 E. BUSINESS HWY 98  
PANAMA CITY, FL 32401 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: PAULA NORMAN

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARPE, FRED F  
Address: P. O. BOX 527  
City-St-Zip: ALBANY, GA 31702

Title: D ( ) Delete  
Name: SCOTT, LENDON  
Address: 479 FORRESTER RD  
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete  
Name: COTTRELL, DANNY  
Address: 2110 WILDWOOD DR  
City-St-Zip: BREWTON, AL 36426

Title: D ( ) Delete  
Name: STRICKLAND, MICHAEL  
Address: 1100 CORSBIE ST SW  
City-St-Zip: HARTSELLE, AL 35640

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: NORMAN, PAULA B  
Address: 1579 US HWY 19 S, STE L  
City-St-Zip: LEESBURG, GA 31763

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: PAULA B. NORMAN

S

03/17/2009

Electronic Signature of Signing Officer or Director

Date