# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2006**
**Secretary of State**

DOCUMENT# 007908

**Entity Name:** ARCADIA DRUG STORE

**Current Principal Place of Business:**

201 W. OAK ST., STE 5
ARCADIA, FL 34266 US

**New Principal Place of Business:**

6384 SE SANDERS ROAD
ARCADIA, FL 34266 US

**Current Mailing Address:**

201 W. OAK ST., STE 5
P.O. BOX 584
ARCADIA, FL 34266 US

**New Mailing Address:**

6384 SE SANDERS ROAD
ARCADIA, FL 34266 US

**FEI Number: 59-0146010** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MUNDELL,J.R.
523 EAST MAGNOLIA
ARCADIA, FL 34266 US

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

OLIVE, ROBERT L PRES.
6384 SE SANDERS ROAD
ARCADIA, FL 34266 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: ROBERT L.OLIVE 01/13/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: OLIVE, ROBERT L III
Address: 1110 SW SCOTT DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: VD (X) Delete
Name: OLIVE, FAYE
Address: 1110 SW SCOTT DRIVE
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: OLIVE, ROBERT L III
Address: 6384 SE SANDERS ROAD
City-St-Zip: ARCADIA, FL 34266

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L OLIVE PD 01/13/2006
Electronic Signature of Signing Officer or Director Date