2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 182185

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