

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 184790 1. Entity Name WATSON DRUG STORE INC	
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Principal Place of Business 4422 LAFAYETTE ST P O BOX 188 MARIANNA, FL 32447-0188 US	Mailing Address 4422 LAFAYETTE BOX 188 MARIANNA, FL 32447-0188 US
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02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0746235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON JR, LUCIEN W P
4384 KELSON AVE
MARIANNA, FL 32446

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATSON, PHILIP W V 4523 DECATUR ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, LOIS A S 4384 KELSON AVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON JR, LUCIEN W P 4384 KELSON AVE MARIANNA, FL 32446
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucien W Watson Jr Date: 3-9-07 Daytime Phone #: 850 482 4035