

**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**



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**



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 ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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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03/23/07-80004-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-9-07 850 482 4035**