

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 220816

FILED
Mar 29, 2006
Secretary of State

Entity Name: HALLIDAY'S DRUGS, INC.

Current Principal Place of Business:

4133 UNIVERSITY BLVD. #1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4133 UNIVERSITY BLVD. #1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-0864713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVISTO, JAMES H
11305 PORTSIDE DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOVISTO, JAMES H.,
Address: 11305 PORTSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: KOVISTO, JOAN O.,
Address: 11305 PORTSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: KOVISTO, JOAN O
Address: 11305 PORTSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOVISTO, JAMES H.,
Address: 11305 PORTSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD (X) Change () Addition
Name: KOVISTO, JOAN O.,
Address: 11305 PORTSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES H. KOVISTO

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date