


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90109 027 ***150.00

DOCUMENT # 256599 1. Entity Name LEE DRUGS, INC.					
Principal Place of Business 202 W OAK ST. STE. 301 ARCADIA, FL 34266 US			Mailing Address P.O. BOX 584 ARCADIA, FL 34265 US		
2. Principal Place of Business - No P.O. Box # 217 W. Oak St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Arcadia, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2592904	
Zip 34266		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNDELL, GARY J 202 W OAK ST. STE. 301 ARCADIA, FL 34266				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 217 W. Oak St. City Arcadia, FL Zip Code 34266	
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 <u><i>Gary Mundell</i></u> Gary Mundell DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNDELL, G.J. 202 W OAK ST., STE. 301 ARCADIA, FL 34266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 W. Oak St.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNDELL, B.J. 523 E. MAGNOLIA ARCADIA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Beverly J Mundell</i></u> Beverly J. Mundell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>1/12/2007</i></u> 263-494-2262 <small>Date Daytime Phone #</small>		