


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 290364</b> 1. Entity Name THOMAS DRUG STORE, INC.	
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Principal Place of Business 1125 N SUMMIT STREET CRESCENT CITY, FL 32112 US	Mailing Address 1125 N SUMMIT ST CRSCENT CITY, FL 32112 US
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1089030	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, WILLIAM E  
1125 N. SUMMIT ST.  
CRESCENT CITY, FL 32112

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, WARREN D CEDAR COVE, ROUTE 309 GEORGETOWN, FL 32139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALL, THOMAS STRICKLER ROAD LAKE COMO, FL 32157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, WILLIAM E 229 KIRKWOOD AVE. POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, DAVID G RT 1 BOX 785 EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JAMES R 4538 SE 4TH PLACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563808  
05/20/06-80028-017 158.75

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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:** *William E. Butler* *WILLIAM E. BUTLER* 4/21/06 (386)698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR