


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 290364		
1. Entity Name THOMAS DRUG STORE, INC.		
Principal Place of Business 1125 N SUMMIT STREET CRESCENT CITY, FL 32112 US	Mailing Address 1125 N SUMMIT ST CRSCENT CITY, FL 32112 US	



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-1089030	Applied For <input type="checkbox"/> 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**

**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

U00000729586
05/08/07-80045-020 158.75

10. OFFICERS AND DIRECTORS

TITLE D	FLETCHER, WARREN D
NAME	CEDAR COVE, ROUTE 309
STREET ADDRESS	GEORGETOWN, FL 32139
CITY-ST-ZIP	
TITLE PD	BALL, THOMAS
NAME	STRICKLER ROAD
STREET ADDRESS	LAKE COMO, FL 32157
CITY-ST-ZIP	
TITLE S	BUTLER, WILLIAM E
NAME	229 KIRKWOOD AVE.
STREET ADDRESS	POMONA PARK, FL 32181
CITY-ST-ZIP	
TITLE D	HARRELL, DAVID G
NAME	RT 1 BOX 785
STREET ADDRESS	EAST PALATKA, FL 32131
CITY-ST-ZIP	
TITLE D	FLETCHER, JAMES R
NAME	4538 SE 4TH PLACE
STREET ADDRESS	OCALA, FL 34471
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/23/07

Date

(386) 698-3737

Daytime Phone #