

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1089030

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000927486
05/20/08-80109-005 158.75

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

**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

4/22/08 (386) 698-3737

Date

Daytime Phone #