

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290364

FILED
Apr 20, 2009
Secretary of State

Entity Name: THOMAS DRUG STORE, INC.

Current Principal Place of Business:

1125 N SUMMIT STREET
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

1125 N SUMMIT ST
CRSCENT CITY, FL 32112 US

New Mailing Address:

1125 N SUMMIT STREET
CRESCENT CITY, FL 32112 US

FEI Number: 59-1089030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTLER, WILLIAM E
1125 N. SUMMIT ST.
CRESCENT CITY, FL 32112 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: D () Delete
Name: FLETCHER, WARREN D
Address: CEDAR COVE, ROUTE 309
City-St-Zip: GEORGETOWN, FL 32139

Title: PD () Delete
Name: BALL, THOMAS
Address: STRICKLER ROAD
City-St-Zip: LAKE COMO, FL 32157

Title: S () Delete
Name: BUTLER, WILLIAM E
Address: 229 KIRKWOOD AVE.
City-St-Zip: POMONA PARK, FL 32181

Title: D () Delete
Name: HARRELL, DAVID G
Address: RT 1 BOX 785
City-St-Zip: EAST PALATKA, FL 32131

Title: D () Delete
Name: FLETCHER, JAMES R
Address: 4538 SE 4TH PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM E. BUTLER

SEC

04/20/2009

Electronic Signature of Signing Officer or Director

Date