2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# 290364

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 STREET
CRESCENT CITY, FL 32112 US

New Mailing Address:

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:

LONG1, PATRICIA D
1125 N. SUMMIT ST.
CRESCENT CITY, FL 32112 US

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: PATRICIA LONG 04/20/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: FLETCHER,WARREN D
Address: CEDAR COVE, ROUTE 309
City-St-Zip: GEORGETOWN, FL 32139

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E BUTLER S 04/20/2011
Electronic Signature of Signing Officer or Director Date