2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 293052

Entity Name: CHARLES PHARMACY INC

Current Principal Place of Business:

5987 BERRYHILL RD
5987 BERRYHILL RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5987 BERRYHILL RD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-1095372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANLANDINGHAM, CHARLES F
6253 WILLARD NORRIS RD.
MILTON, FL 32570 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: PD ( ) Delete
Name: VANLANDINGHAM, CHARLES F
Address: 6253 WILLARD NORRIS RD.
City-St-Zip: MILTON, FL

Title: VD ( ) Delete
Name: WILLIAMS, OSWELL
Address: 5341 BISHOP RD.
City-St-Zip: MILTON, FL

Title: MDS ( ) Delete
Name: VANLANDINGHAM, MARCHETA
Address: 6253 WILLARD NORRIS RD
City-St-Zip: MILTON, FL

Title: TD ( ) Delete
Name: WILLIAMS, ELAINE
Address: 5341 BISHOP RD.
City-St-Zip: MILTON, FL

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:

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: CHARLES F VANLANDINGHAM PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date