

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293052

FILED  
Sep 07, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VANLANDINGHAM, CHARLES F  
Address: 6253 WILLARD NORRIS RD.  
City-St-Zip: MILTON, FL

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

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

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

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: CHARLES VANLANDINGHAM

PRES

09/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date