

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293854

FILED  
Mar 29, 2011  
Secretary of State

Entity Name: CHEEK PHARMACY, INC.

**Current Principal Place of Business:**

16734 S.E. 19 HWY  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5020  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 59-1104408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARD A. GLOVER, CPA, PA  
809 MICCOSUKKEE COMMONS DR.  
# 108  
TALLAHASSEE, FL 32308 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: BOATRIGHT, JOHN II  
Address: 506 NE CO RD 354  
City-St-Zip: MAYO, FL 32066

Title: S  
Name: ROLLISON, MELODY  
Address: 91 S.W. 12TH ST.  
City-St-Zip: CROSS CITY, FL 32628

Title: D  
Name: CHEEK, SPURGEON  
Address: 1280 N.E. 351 HWY  
City-St-Zip: CROSS CITY, FL 32628

Title: VP  
Name: HEWETT, JOHN C  
Address: PO BOX 582  
City-St-Zip: MAYO, FL 32066

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: JOHN BOATRIGHT II

PD

03/29/2011

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

\_\_\_\_\_  
Date