

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 312544

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** ANDREWS DRUGS OF PERRY INC

**Current Principal Place of Business:**

1707 S JEFFERSON ST  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6  
PERRY, FL 32348

**New Mailing Address:**

**FEI Number:** 59-1156375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, W.H.  
1707 S JEFFERSON ST  
PERRY, FL 32347 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: ANDREWS, FAYE  
Address: 356 W. MADISON  
City-St-Zip: STARKE, FL

Title: STD  
Name: ADAMS, W H  
Address: 1707 S JEFFERSON ST  
City-St-Zip: PERRY, 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: W H ADAMS

STD

06/14/2011

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

\_\_\_\_\_  
Date