

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462536

FILED
Apr 13, 2007
Secretary of State

Entity Name: LIGGETT DRUGS OF CHEIFLAND, INC.

Current Principal Place of Business:

HWY 19 NORTH
STE 2
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P. O. DRAWER 1609
CHIEFLAND, FL 32626 US

New Mailing Address:

FEI Number: 59-1564434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNNE, WILLIAM L PRESIDE
HWY 19 N LEVY OFFICE COMPLEX
CHIEFLAND, FL 32626 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: WYNNE, WILLIAM L.,
Address: P. O. DRAWER 1609
City-St-Zip: CHIEFLAND, FL 32644

Title: ST () Delete
Name: WYNNE, WILLIAM L.,
Address: P. O. DRAWER 1609
City-St-Zip: CHIEFLAND, FL 32644

Title: VP () Delete
Name: WYNNE, SHIRLEY B
Address: P.O.BOX 1609
City-St-Zip: CHIEFLAND, FL 32644

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L WYNNE

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date