


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F95000004552 1. Entity Name JUSTICE REXALL DRUG STORE INC. |  |
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|--|---|
| Principal Place of Business 406 S MEDICAL PARK DR ATMORE, AL 36502 | Mailing Address P.O. BOX 920 ATMORE, AL 36504 |
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DO NOT WRITE IN THIS SPACE



02242006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 63-0570478 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JUSTICE, JAMES C
5902 FLATWOODS MANOR BLVD
LITHIA, FL 33547

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

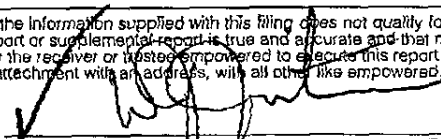
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000474996
04/04/06-80045-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCP JUSTICE, W. J. 406 S MEDICAL PARK DR ATMORE, AL 36502 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JUSTICE, PATSY G 406 S MEDICAL PARK DR ATMORE, AL 36502 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/16/06 DAYTIME PHONE: 251-368-3189