


**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.



Principal Place of Business      Mailing Address  
 406 S MEDICAL PARK DR      P.O. BOX 920  
 ATMORE, AL 36502      ATMORE, AL 36504

**DO NOT WRITE IN THIS SPACE**



02242006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 63-0570478      Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

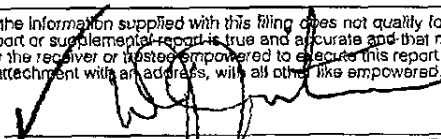
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 04/04/06-80045-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	JUSTICE, W. J.
STREET ADDRESS	406 S MEDICAL PARK DR
CITY-ST-ZIP	ATMORE, AL 36502
TITLE	S
NAME	JUSTICE, PATSY G
STREET ADDRESS	406 S MEDICAL PARK DR
CITY-ST-ZIP	ATMORE, AL 36502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:       3/16/06      251-368-3189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone if