


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90077 030 \*\*\*150.00

<b>DOCUMENT # G11033</b> 1. Entity Name COOK DISCOUNT DRUGS, INC.	
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Principal Place of Business % DONALD K. TAYLOR 5324 BROWN STREET GRACEVILLE, FL 32440	Mailing Address % DONALD K. TAYLOR 5324 BROWN STREET GRACEVILLE, FL 32440
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**60008445**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2245078</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TAYLOR, DONALD K. 5324 BROWN ST GRACEVILLE, FL 32440
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DONALD K. P.O. BOX 23 N/A GRACEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, DEBRA S. P.O. BOX 23 N/A GRACEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD (VICE-PRES) Taylor, Brian T. 12612 CTY RD 203 SLACKSB, AL 36375
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: Debra S. Taylor, STD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01-23-2007 (850) 263-4110  
Date Daytime Phone #

Debra S. Taylor