

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G88462

1. Entity Name

LAKE PHARMACY, INC.



Principal Place of Business

RS M.L. KING BLVD EAST
STE 3
BELLE GLADE FL 33430
US

Mailing Address

C/O ROBERT STORY
109 S LAKE AVE
PAHOKEE FL 33476
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2382187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORY, ROBERT
109 S. LAKE AVE
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May C
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STORY, CLAUDINE
STREET ADDRESS 101 SE 5TH ST N
CITY-ST-ZIP BELLE GLADE FL ☐ Delete

TITLE ST
NAME STORY, ROBERT
STREET ADDRESS 101 SE 5TH ST NORTH
CITY-ST-ZIP BELLEGLADE FL ☐ Delete

TITLE VP
NAME STORY, CATHI JO
STREET ADDRESS 101 SE 5 STREET NORTH
CITY-ST-ZIP BELLEGLADE FL 33430 ☐ Delete

TITLE V
NAME STORY, BRYAN C
STREET ADDRESS 101 SE 5TH ST N
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE V
NAME BAUMAN, ROBERT J
STREET ADDRESS 15635 CHANDELLE PL
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add
000000405468
02/07/06-80041-015 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Story
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06
Date

561-996-0200
Daytime Phone #