

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**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**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2382187</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**STORY, ROBERT  
109 S. LAKE AVE  
PAHOKEE, FL 33476**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | STORY, CLAUDINE       |
| STREET ADDRESS | 101 SE 5HT ST N       |
| CITY-ST-ZIP    | BELLE GLADE, FL       |
| TITLE          | ST                    |
| NAME           | STORY, ROBERT         |
| STREET ADDRESS | 101 SE 5TH ST NORTH   |
| CITY-ST-ZIP    | BELLEGLADE, FL        |
| TITLE          | VP                    |
| NAME           | STORY, CATHI JO       |
| STREET ADDRESS | 101 SE 5 STREET NORTH |
| CITY-ST-ZIP    | BELLEGLADE, FL 33430  |
| TITLE          | V                     |
| NAME           | STORY, BRYAN C        |
| STREET ADDRESS | 101 SE 5TH ST N       |
| CITY-ST-ZIP    | BELLE GLADE, FL 33430 |
| TITLE          | V                     |
| NAME           | BAUMAN, ROBERT J      |
| STREET ADDRESS | 15635 CHANDELLE PL    |
| CITY-ST-ZIP    | WELLINGTON, FL 33414  |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

U00000785655  
01/17/08-80010-001 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

561-996-0200

Daytime Phone #