

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88462

Entity Name: LAKE PHARMACY, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2382187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORY, CLAUDINE
Address: 101 SE 5TH ST N
City-St-Zip: BELLE GLADE, FL

Title: ST () Delete
Name: STORY, ROBERT,
Address: 101 SE 5TH ST NORTH
City-St-Zip: BELLEGLADE, FL

Title: VP () Delete
Name: STORY, CATHI JO
Address: 101 SE 5 STREET NORTH
City-St-Zip: BELLEGLADE, FL 33430

Title: V () Delete
Name: STORY, BRYAN C
Address: 101 SE 5TH ST N
City-St-Zip: BELLE GLADE, FL 33430

Title: V () Delete
Name: BAUMAN, ROBERT J
Address: 15635 CHANDELLE PL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STORY, CLAUDINE
Address: 101 SE 5TH ST NORTH
City-St-Zip: BELLE GLADE, FL 33430

Title: ST (X) Change () Addition
Name: STORY, ROBERT,
Address: 101 SE 5TH ST NORTH
City-St-Zip: BELLEGLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B STORY

ST

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date