

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88462

Entity Name: LAKE PHARMACY, INC.

FILED
Jan 10, 2011
Secretary of State

Current Principal Place of Business:

101 M.L. KING BLVD EAST
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

OFFICERS AND DIRECTORS:

Title: P
Name: STORY, CLAUDINE
Address: 109 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: ST
Name: STORY, ROBERT
Address: 109 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: DAVIS, CATHI JO
Address: 109 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: V
Name: STORY, BRYAN C
Address: 109 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: V
Name: BUTLER, ALLISON M
Address: 106 BANYAN AVENUE
City-St-Zip: PAHOKEE, FL 33476

I hereby 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 all other like empowered.

SIGNATURE: ROBERT B. STORY

ST

01/10/2011

Electronic Signature of Signing Officer or Director

Date