


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K39664</b>	
<b>1. Entity Name</b> CHIPLEY DRUGS, INC.	

<b>Principal Place of Business</b> 1330 SOUTH BLVD. CHIPLEY, FL 32428 US	<b>Mailing Address</b> 1330 SOUTH BLVD. CHIPLEY, FL 32428 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2922255	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

KING, MARION W  
1330 S. BLVD.  
CHIPLEY, FL 32428

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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000391111 01/24/06-80026-016 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	KING, MARION W
<b>STREET ADDRESS</b>	1330 SOUTH BLVD
<b>CITY-ST-ZIP</b>	CHIPLEY, FL 32428
<b>TITLE</b>	D
<b>NAME</b>	HOWELL, WILLIAM S JR.
<b>STREET ADDRESS</b>	262 TRADEWINDS DRIVE
<b>CITY-ST-ZIP</b>	SANTA ROSA BEACH, FL 32459
<b>TITLE</b>	OS
<b>NAME</b>	KING, PAT J
<b>STREET ADDRESS</b>	1330 S. BLVD.
<b>CITY-ST-ZIP</b>	CHIPLEY, FL 32428
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**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:** Marion W. King **01/19/06** **850-638-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARION W. KING, PRES