

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M99373

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** THE KING'S DRUGSTORE, INC.

**Current Principal Place of Business:**

105 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

105 NW 5TH STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 59-2930483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUHLEWIND, BLAIR L  
490 NE 138 STREET  
OKEECHOBEE, FL 34972 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:** DP  
**Name:** KUHLEWIND, BLAIR L.  
**Address:** 490 NE 138 STREET  
**City-St-Zip:** OKEECHOBEE, FL

**Title:** DVPT  
**Name:** BENOW, THOMAS H.  
**Address:** 11653 HWY 441 SE  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** DSEC  
**Name:** KUHLEWIND, JASON  
**Address:** 480 NE 138 STREET  
**City-St-Zip:** OKEECHOBEE, FL 34972 US

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:** BLAIR L KUHLEWIND

DP

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date