

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015960

1. Entity Name  
BRANDON CVS, INC.



Principal Place of Business  
ONE CVS DR.  
WOONSOCKET, RI 02895

Mailing Address  
ONE CVS DRIVE  
LEGAL DEPARTMENT  
WOONSOCKET, RI 02895

FILED  
06 APR 21 PM 3:21  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3656564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME LANKOWSKY, ZENON P  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE DS ☐ Delete  
NAME MOFFATT, THOMAS S  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE VTD ☒ Delete  
NAME SOLBERG, LARRY D  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE AS ☐ Delete  
NAME LUKER, MELANIE K  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE AS ☐ Delete  
NAME CIMBRON, LINDA M  
STREET ADDRESS ONE CVS DR.  
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Linda M. Cimbron* Linda Cimbron  
Assistant Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06  
Date

401-765-1500  
Daytime Phone #