

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035702

1. Entity Name
KEY BISCAVNE CVS, INC.



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

Mailing Address
ONE CVS DR.
WOONSOCKET, RI 02895 US

FILED
06 APR 21 PM 3:36
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-1108233

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

4/5/06

401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #