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2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-02-2006 90217 024 ***150.00

DOCUMENT # P05000108552

1. Entity Name

KIM'S FAMILY PHARMACY INC.

Principal Place of Business	Mailing Address
10399 OLD DAIRY LANE PENSACOLA FL 32534	10399 OLD DAIRY LANE PENSACOLA FL 32534

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3272219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CADENHEAD, KIM
10399 OLD DAIRY LANE
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

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 Kim Cadenhead 6-10-06

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CADENHEAD, KIM 10399 OLD DAIRY LANE PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kim Cadenhead 4-18-06 850-968-5655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #