

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-13-2007 90177 050 ***150.00

DOCUMENT # P06000006752 1. Entity Name LAKE PLACID PHARMACY INC.					
Principal Place of Business 1707 DIVOT DRIVE SEBRING, FL 33872			Mailing Address 1707 DIVOT DRIVE SEBRING, FL 33872		
2. Principal Place of Business - No P.O. Box # 224 E. InterLake Blvd		3. Mailing Address Suite, Apt. #, etc.			
City & State Lake Placid, FL		City & State		4. FEI Number 14-1950494	
Zip 33852		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. 1707 DIVOT DRIVE SEBRING, FL 33872				7. Name and Address of New Registered Agent Name Robert E. DUNCAN Street Address (P.O. Box Number is Not Acceptable) 1707 Divot Lane City SEBRING FL 33872	
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 <u>Robert E. Duncan, Pres Robert E. DUNCAN</u> DATE <u>4-10-07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DUNCAN, ROBERT 1707 DIVOT DRIVE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAROLINE W. DUNCAN 1707 DIVOT LANE SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Robert E. Duncan, Pres. Robert E. DUNCAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-10-07</u> <small>Date</small>		

000110JJ



04112007 Chg-P CR2E034 (12/06)

813-465-2751