

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90140 001 ***600.00

DOCUMENT # P98000007235

1. Entity Name
DRUGS FOR LESS, INC.



Principal Place of Business
**4300 NEW GETWELL ROAD
MEMPHIS, TN 38118**

Mailing Address
**4300 NEW GETWELL ROAD
MEMPHIS, TN 38118**

66007785



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3491447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P HAYES, MICHAEL J 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EFIRD, BRUCE 4300 NEW GETWELL ROAD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORE, JERRY 4300 NEW GETWELL ROAD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAIL, CHARLES S 4300 NEW GETWELL RD MEMPHIS, TN 38118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Chad S. Chip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Fred's Inc.
Check Request**

ATTACHMENT
66007785
#P98000007235

Vendor #: 872489

Make check
payable to:

Florida Department of State

Division of Corporations

PO Box 6198

Tallahassee, FL 32314

Amount of
Check: _____

Check Date _____

Reason for check: Annual Reports 2008 - Florida

Check Disbursement

Entity	State	Amount
Drugs For Less, Inc.	FL	\$ 150.00
Nat'l Pharm Network, Inc.	FL	\$ 150.00
FSOT, Inc.	FL	\$ 150.00
Nat'l Equipment & Leasing, Inc.	FL	\$ 150.00

Account Number		Debit/(Credit)
STORE	ACCT #	Sub #
	0017	642
		\$ 600.00

Total Check:

\$ 600.00

Date Requested:

4.16.08

Req'd By:

Charles Vail

Approved:

Charles Vail

Disposition of Check:

Please Mail Check _____

Please return to:

Dana Terle

Ext. #:

3652