

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S14863

Entity Name: GIBSONIA DRUGS, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2217 MALACHITE CT  
LAKE LAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24567  
LAKE LAND, FL 33802

**New Mailing Address:**

FEI Number: 59-3038164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHALEN, JUDY PD  
2217 MALACHITE CT  
LAKE LAND, FL 33810 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHALEN, JUDY A  
Address: 2217 MALACHITE CT  
City-St-Zip: LAKE LAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDY A WHALEN

PD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date