


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S31926
 1. Entity Name
KELSON DRUG, INC.



Principal Place of Business 3008 JEFFERSON ST SUITE B MARIANNA, FL 32446-9318	Mailing Address 3008 JEFFERSON ST SUITE B MARIANNA, FL 32446-9318
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1457881	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
**OSWALD, VIRGIL D.
 4582 FOREST PARK DR.
 MARIANNA, FL 32446**

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$350.00**

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 TEW, FRANCIS C 2948 WESTMANOR DRIVE MARIANNA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV OSWALD, VIRGIL D. 4582 FOREST PARK DRIVE MARIANNA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WATSON, L.W. JR. 4384 KELSON AV. MARIANNA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virgil D. Oswald Virgil D. Oswald 2/11/05 (850) 526-2839

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