

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31926

Entity Name: KELSON DRUG, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

3008 JEFFERSON ST  
SUITE B  
MARIANNA, FL 324469318 US

**New Principal Place of Business:**

**Current Mailing Address:**

3008 JEFFERSON ST  
SUITE B  
MARIANNA, FL 324469318 US

**New Mailing Address:**

FEI Number: 62-1457881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OSWALD, VIRGIL D JR  
4582 FOREST PARK DR.  
MARIANNA, FL 32446 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TEW, FRANCIS C  
Address: 2948 WESTMANOR DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: DV ( ) Delete  
Name: OSWALD, VIRGIL D JR  
Address: 4582 FOREST PARK DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: DST ( ) Delete  
Name: WATSON, LUCIEN W JR  
Address: 4384 KELSON AV.  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIRGIL D. OSWALD JR

DV

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date