


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004552
1. Entity Name
JUSTICE REXALL DRUG STORE INC.



Principal Place of Business: 406 S MEDICAL PARK DR, ATMORE, AL 36502
Mailing Address: P.O. BOX 920, ATMORE, AL 36504

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number: 63-0570478 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JUSTICE, JAMES C
5902 FLATWOODS MANOR BLVD
LITHIA, FL 33547

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN0000345158
04/30/05-80025-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP JUSTICE, W. J. 406 S MEDICAL PARK DR ATMORE, AL 36502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTICE, PATSY G 406 S MEDICAL PARK DR ATMORE, AL 36502
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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)(f), 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:  DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR