


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000015960</b> 1. Entity Name <b>BRANDON CVS, INC.</b>			
Principal Place of Business <b>ONE CVS DR. WOONSOCKET, RI 02895</b>		Mailing Address <b>ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LANKOWSKY, ZENON P</b> <b>ONE CVS DR.</b> <b>WOONSOCKET, RI 02895</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MOFFATT, THOMAS S</b> <b>ONE CVS DR.</b> <b>WOONSOCKET, RI 02895</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>SOLBERG, LARRY D</b> <b>ONE CVS DR.</b> <b>WOONSOCKET, RI 02895</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LUKER, MELANIE K</b> <b>ONE CVS DR.</b> <b>WOONSOCKET, RI 02895</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">           700071636307            04/24/06--01005--011 **50550.00         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CIMBRON, LINDA M</b> <b>ONE CVS DR.</b> <b>WOONSOCKET, RI 02895</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE</b> <i>Linda M. Cimbron</i> <b>Linda Cimbron</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Assistant Secretary Date <b>4/5/06</b> Daytime Phone # <b>401-765-1500</b>	

FILED  
06 APR 21 PM 3:21  
TALLAHASSEE, FLORIDA



03212006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3656564**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required