

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392563

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: TECHNICAL SERVICES LABORATORY, INC.

**Current Principal Place of Business:**

95 READY AVE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

95 READY AVE  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 59-1367993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORBIN, ANDREW J  
855 THE MASTERS BLVD  
SHALIMAR, FL 32579 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: D ( ) Delete  
Name: CORBIN, WILL F,  
Address: 200 MIRACLE STRIP PKWY., WEST  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: BLUME, SUSAN CORBIN,  
Address: 413 HUTCHISON STREET  
City-St-Zip: VISTA, CA 92084

Title: P ( ) Delete  
Name: CORBIN, ANDREW J,  
Address: 855 THE MASTERS BLVD  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: CORBIN, LOIS,  
Address: 261 VENTURA CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: CORBIN, ALFRED,  
Address: 261 VENTURA CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST ( ) Delete  
Name: GORDON, JULIA CORBIN,  
Address: 402 VALERIA STREET  
City-St-Zip: FT. WALTON BEACH, FL 32547

**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:

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 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: JULIA CORBIN GORDON

ST

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date