

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392563

FILED
Apr 13, 2009
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: 816 ALBERTA AVENUE
City-St-Zip: OCEANSIDE, CA 92054

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 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

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date