

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90676 019 ***150.00

DOCUMENT # P03000014636

1. Entity Name

THE PRO LAB OF ISLAMORADA, INC.



Principal Place of Business

41 JOLLY ROGER DRIVE
KEY LARGO FL 33037

Mailing Address

41 JOLLY ROGER DRIVE
KEY LARGO FL 33037

2. Principal Place of Business

The Pro Lab of Islamorada
Suite, Apt. #, etc.

3. Mailing Address

90230 Overseas Hwy
Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

4. FEI Number

75-31000-82

Applied For

Not Applicable

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

S. HARVEY ZIEGLER, ESQ.
41 JOLLY ROGER DRIVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name *Wayne M. Brodeur*
Street Address (P.O. Box Number is Not Acceptable) *Wayne M. Brodeur*
90230 Overseas Hwy 379 So. Coconut Palm Blvd
City *Tavernier* FL Zip Code *33070*

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

[Signature] *President*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>CHAIRMAN</i>	<input type="checkbox"/> Delete
NAME	<i>Alice Brodeur, 14405 SW 79th</i>	
STREET ADDRESS	<i>Miami FL 33070</i>	
CITY-ST-ZIP		
TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>Wayne Brodeur, 379 So. Coconut Palm Blvd</i>	
STREET ADDRESS	<i>Tavernier FL 33070</i>	
CITY-ST-ZIP		
TITLE	<i>SECRETARY / TREASURER</i>	<input type="checkbox"/> Delete
NAME	<i>MARY BRODEUR 379 So. Coconut Palm Blvd</i>	
STREET ADDRESS	<i>Tavernier, FL 33070</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 *305 304 9049*

Date Daytime Phone #