

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

01-24-2008 90033 022 ***158.75

DOCUMENT # P07000059018			
1. Entity Name BIOTEK INTERNATIONAL CORP			
Principal Place of Business 810 COUNTRY MEADOW WAY BRADENTON, FL 34212		Mailing Address 810 COUNTRY MEADOW WAY BRADENTON, FL 34212	
2. Principal Place of Business - No P.O. Box # 1767 Lakewood Ranch Blvd		3. Mailing Address 1767 Lakewood Ranch Blvd	
Suite, Apt. #, etc. Suite # 251		Suite, Apt. #, etc. Suite # 251	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34211	Country Manatee	Zip 34211	Country Manatee
6. Name and Address of Current Registered Agent MILLIKEN, MARK C 810 COUNTRY MEADOW WAY BRADENTON, FL 34212		7. Name and Address of New Registered Agent Name Milliken, Mark Street Address (P.O. Box Number is Not Acceptable) 1767 Lakewood Ranch Blvd # 251 City & State Bradenton FL Zip Code 34211	
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  M. Milliken DATE 1-9-08 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLIKEN, MARK C 810 COUNTRY MEADOW WAY BRADENTON, FL 34212 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Milliken Mark ☒ Change ☐ Addition 1767 Lakewood Ranch Blvd # 251 Bradenton FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLIKEN, SALLY J 810 COUNTRY MEADOW WAY BRADENTON, FL 34212 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milliken, Sally ☒ Change ☐ Addition 1767 Lakewood Ranch Blvd # 251 Bradenton FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE:  M. Milliken		Date 1-9-08 941 355 0520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	