


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V08227**

1. Entity Name  
**CLINLAB, INC.**



Principal Place of Business <b>2411 E. GRAVES AVE          STE 1          ORANGE CITY, FL 32763-8581</b>	Mailing Address <b>2411 E. GRAVES AVE          STE 1          ORANGE CITY, FL 32763-8581 US</b>
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01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3103260</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEWART, DANIEL  
 1220 GREENLAND HAMMOCK  
 DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2008 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
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEWART, DANIEL 1220 GREENLAND HAMMOCK DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WILSON, JAMES A 1634 KEELING DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000837243  
 03/04/08-80049-011 150.00

**DO NOT WRITE IN THIS SPACE**

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: James A. Wilson **James A. Wilson** 2/22/08 3867740030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #