

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90023 001 ***300.00

DOCUMENT # P02000100338

1. Entity Name
WORLDCLASS HIGH PERFORMANCE LABS, INC.



Principal Place of Business

**500 W HWY 316
CITRA, FL 32113**

Mailing Address

**500 W HWY 316
CITRA, FL 32113**

66003229

2. Principal Place of Business - No P.O. Box #

482 HOLINESS CHURCH RD.

3. Mailing Address

PO Box 2007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-P

CR2E034 (12/06)



City & State

WAGNER, SC

City & State

AIKEN, SC

4. FEI Number

56-2293377

Applied For

Not Applicable

Zip

29164

Country

AIKEN

Zip

29802

Country

AIKEN

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NANGLE, CLINT
500 WEST HWY 316
CITRA, FL 32113**

7. Name and Address of New Registered Agent

Name **CLINT NANGLE**

Street Address (P.O. Box Number is Not Acceptable)

334 CHATHAM P

City **WEST PALM BCH, FL 33417**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
NANGLE, CLINT
500 W HWY 316
CITRA, FL 32113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
MCNAMARA, ED
500 W HWY 316
CITRA, FL 32113** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
NANGLE, CLINT
334 CHATHAM P
WEST PALM BCH, FL 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/07 803.564.6152