


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 482139</b> 1. Entity Name CAPE CORAL LABORATORIES, INC.	
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Principal Place of Business 4632 VINCENNES BLVD CAPE CORAL, FL 33904	Mailing Address 4632 VINCENNES BLVD CAPE CORAL, FL 33904
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1623334	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARTLEB, PETER A 4632 VINCENNES BLVD CAPE CORAL, FL 33904
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD HARTLEB, PETER A. 1502 S.W. 58TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARTLEB, WALTRAUT H. 1502 S.W. 58TH LANE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000041615 02/03/04-80096-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Peter A. Hartleb* s/t 2-4-2004 2395490533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #