

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90101 050 ***150.00

DOCUMENT #482139			
1. Entity Name CAPE CORAL LABORATORIES, INC.			
Principal Place of Business 4427 DEL PRADO BLVD CAPE CORAL, FL 33904 US		Mailing Address 4427 DEL PRADO BLVD CAPE CORAL, FL 33904 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1623334		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTLEB, PETER A 4427 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name ANDREW A. BARNETTE Street Address (P.O. Box Number is Not Acceptable) 4427 Del Prado Blvd City Cape Coral FL Zip Code 33904	
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: <u>Andrew A. Barnette</u> <u>ANDREW A. BARNETTE</u> 3/21/07 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTLEB, PETER A. 187 JUNIPER RIDGE DRIVE PRESCOTT, AZ 863015469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTLEB, WALTRAUT H. 187 JUNIPER RIDGE DRIVE PRESCOTT, AZ 863015469 ☐ 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: <u>W. H. Hartleb</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-21-07 4437511 DATE Daytime Phone #	

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