

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90020 019 \*\*\*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

40062400



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1623334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BAKNETTE, ANDREW A  
4427 DEL PRADO BLVD  
CAPE CORAL, FL 33904

*= BARNETTE*

**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 \_\_\_\_\_

**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

TITLE	PD
NAME	HARTLEB, PETER A. Southview
STREET ADDRESS	487 JUNIPER RIDGE DRIVE 1392 Pinion Shadow Drive
CITY-ST-ZIP	PRESCOTT, AZ 86305 Prescott, AZ 86305
TITLE	STD
NAME	HARTLEB, WALTRAUT H. Southview
STREET ADDRESS	487 JUNIPER RIDGE DRIVE 1392 Pinion Shadow Drive
CITY-ST-ZIP	PRESCOTT, AZ 86305 Prescott, AZ 86305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: W. H. Hartleb s/t 3-21-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W. H. HARTLEB

928-443-7511