## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 23, 2004 8:00 am Secretary of State

1. Entity Nam	MENT #845111  LABORATORIES, INC			04-2.	3-2004 90215 033 ***150.00	
Principal Plac 6805-C 33R SARASOTA, F		Mailing Address 6805-C 33RD STREET SARASOTA, FL 34243	EAST	2   <b>(8 27</b> 740   20   11 <b>0   7 0</b> 77 <b>0</b> 11 0 1 1 1 1	54039468	
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		P CR2E034 (10/03)	
City & State		City & State	City & State		4. FE! Number Applied For 11-1884964 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status E	Desired	
	== 6.=Name and Address of Cu	rrent Registerod Agent	Name	OUALITY ACCTS	of New Ragistered Agent  VAISVC. Two	
	GARY I. SHINGTON BLVD. #200 'A, FL 34236		Street A	ddress (P.O. Box Number is Not Ad	cceptable)	
SANASOT	A, FL 34230		56	227 14 EM Sr. 4	verr	
The above	named ontity submits this statem	ant for the number of changing its		ROENTON	FL Zip Code 34207 tate of Florida. I am familiar with, and accept	nl
	ions of registered agent.	Rman		we required when reinstating)	1/8/04 DATE	
After M	E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$!	550.00 Trust Fund Contr	ribution.	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANKER, FREDERICK J 6805-C 33RD ST. E. SARASOTA, FL 34243	AND DIRECTORS  C) Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 11  Change Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN HING 6805-C 33R2 SARASOTA, FL. 3	□ Change 🔀 Addition	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAMESTREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	on .:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletc	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition	ori
TITLE NAME STREET ADDRESS	513 - 11 - Lad	☐ Delete	TITLE NAME STREET ADDRESS GUY, ST. 7IP		☐ Change ☐ Additio	on
TITLE * P.O.S. SASE NAME OF CO.S. STREET ADDRESS CITY-ST-ZIP	A 4' S168 A John Anglin 2 MOMBLES ST. T. TOWN	Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP		Change Addition	an
12. I hereby of indicated of the cor	on this report or supplemental re poration or the receiver or trustee	nortic true and accurate and that m	ny signature shall h as required by Cha	ave the same legal effect as if mad	Statutes. I further certify that the information the under oath; that I am an officer or director timy name appears in Block 10 or Block 11 i	r .