

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000228

FILED
Aug 12, 2004
Secretary of State

Entity Name: EQUITECH LABORATORIES, INC.

Current Principal Place of Business:

12805 RESEARCH DRIVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

12805 RESEARCH DRIVE
ALACHUA, FL 32615

New Mailing Address:

PMB 23,
7257 NW 4TH BLVD
GAINESVILLE, FL 32607

FEI Number: 59-3327174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, DANIEL C
12085 RESEARCH DRIVE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

SHARP, DANIEL C
420 NW 122ND STREET
GAINESVILLE, FL 32607 US

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.

SIGNATURE:

08/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SHARP, DANIEL C
Address: 12085 RESEARCH DRIVE
City-St-Zip: ALACHUA, FL

Title: D () Delete
Name: MATTHEWS, PHILIP
Address: 4747 SW 60TH AVE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: CROMARTIE, BOB
Address: 1244 SE 7TH ST
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: LAUDERDALE, JIM
Address: 16700 EAST B AVE
City-St-Zip: AUGUSTA, MI 49012

Title: D () Delete
Name: SQUIRES, ED
Address: COLORADO STATE UNIVERSITY
City-St-Zip: COLORADO STATE UNIVE, CO 80523

Title: D () Delete
Name: SPONIS, MENTO
Address: 12085 RESEARCH DRIVE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SHARP, DANIEL C
Address: 420 NW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. SHARP

PRES

08/12/2004

Electronic Signature of Signing Officer or Director

Date