

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003802

FILED
Apr 04, 2004
Secretary of State

Entity Name: CHARDON LABORATORIES, INC.

Current Principal Place of Business:

7300 TUSSING ROAD
REYNOLDBURG, OH 430684111

New Principal Place of Business:

Current Mailing Address:

7300 TUSSING ROAD
REYNOLDBURG, OH 430684111

New Mailing Address:

FEI Number: 31-0719008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SMITH, MICHAEL R
Address: 7300 TUSSING ROAD
City-St-Zip: REYNOLDBURG, OH 430684111

Title: PD () Delete
Name: BUTT, ROBERT S
Address: 7300 TUSSING ROAD
City-St-Zip: REYNOLDBURG, OH 430684111

Title: VD () Delete
Name: GILPIN, MICHAEL W
Address: 7300 TUSSING ROAD
City-St-Zip: REYNOLDBURG, OH 430684111

Title: STD () Delete
Name: FULLER, CHARLES L
Address: 7300 TUSSING ROAD
City-St-Zip: REYNOLDBURG, OH 430684111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLES L. FULLER

STD

04/04/2004

Electronic Signature of Signing Officer or Director

_____ Date