

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005252			
1. Entity Name COMMUNICATIONS LABORATORIES INCORPORATED			
Principal Place of Business 305 EAST DRIVE, SUITE L MELBOURNE, FL 32904	Mailing Address 305 EAST DRIVE, SUITE L MELBOURNE, FL 32904		
DO NOT WRITE IN THIS SPACE			
		05052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 86-0507042	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUSSIER, ROLAND 305 EAST DRIVE, SUITE L MELBOURNE, FL 32904		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000163298 07/06/04-80007-022 550.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST LUSSIER, ROLAND 195 ASH POINT DR. OWLS HEAD, ME 04854		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUSSIER, AVIS 195 ASH POINT DR. OWLS HEAD, ME 04854		
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		6.28.04 321-409-9898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	