

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # F05000007075

1. Entity Name
APEX LABORATORY, INC.



Principal Place of Business
**170 FINN COURT
FARMINGDALE, NY 11735**

Mailing Address
**170 FINN COURT
FARMINGDALE, NY 11735**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3383760

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ATWELL, THOMAS
15 NE 4TH STREET
DELRAY BEACH, FL 33444**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

**U000000785376
01/16/08-80091-024 158.75**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
ATWELL, THOMAS M
STREET ADDRESS
170 FINN COURT
CITY-STATE-ZIP
FARMINGDALE, NY 11735

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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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:

Thomas Atwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

Date

631-753-3900x291

Daytime Phone #