

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007839

1. Entity Name
KRONOS SCIENCE LABORATORIES, INC.



Principal Place of Business

**2222 E HIGHLAND
SUITE 220
PHOENIX, AZ 85016**

Mailing Address

**2390 E CAMELBACK ROAD
SUITE 440
PHOENIX, AZ 85016**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2979074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THATCHER, JONATHAN CEO
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	PD
NAME	HEWARD, CHRIS
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	SD
NAME	JOHNSON, JAY M
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/08-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY M. JOHNSON, SECRETARY

Date

1-24-08
Daytime Phone 602-522-1143