

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13046

Entity Name: ELECTRO-LAB II, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

369 DOUGLAS RD E  
OLDSMAR, FL 34677

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1135  
OLDSMAR, FL 34677

## New Mailing Address:

FEI Number: 59-2061773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDER, WG JR  
208 W VINE STREET  
INVERNESS, FL 34450 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: P ( ) Delete  
Name: HARDER, W.G.  
Address: 208 W. VINE ST.  
City-St-Zip: INVERRESS, FL

Title: VP ( ) Delete  
Name: HARDER, W.G. III  
Address: 275 TIMBERLANDS CRT  
City-St-Zip: OLDSMAR, FL 34677

Title: VP ( ) Delete  
Name: HARDER, LONNIE  
Address: 2597 68TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ST ( ) Delete  
Name: HARDER, PATRICA  
Address: 208 W VINE ST  
City-St-Zip: INVERNESS, FL

## 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 exemption stated 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 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: DAVID CLEVENGER

ACCT

03/24/2009

Electronic Signature of Signing Officer or Director

Date