

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 005 ***150.00

DOCUMENT # F22911

1. Entity Name
INTERNATIONAL LABORATORIES, INC.



Principal Place of Business
**2350 31ST ST S
ST. PETERSBURG, FL 33712**

Mailing Address
**2350 31ST ST S
ST. PETERSBURG, FL 33712**

4003401M



2. Principal Place of Business - No P.O. Box #
2701 75TH ST N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-P CR2E034 (12/06)

City & State
ST PETERSBURG FL

City & State

4. FEI Number
59-2076100

Applied For
Not Applicable

Zip
33710

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, SIDNEY A
2350 31ST ST S
SAINT PETERSBURG, FL 33742**

Name

Street Address (P.O. Box Number is Not Acceptable)

2701 75TH ST N.

City

SAINT PETERSBURG FL

Zip Code

33710

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
LEWIS, SIDNEY A
2350 31ST STREET S
ST. PETERSBURG, FL 33712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**6822 22ND AV, NORTH #283
SAINT PETERSBURG, FL 33710** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
THOMPSON, FREDERICK R
10414 BUTIA PL
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

2/26/08

Date

727-343-1548

Daytime Phone #