


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 045 ***150.00

DOCUMENT # F96000000975

1. Entity Name
ZENITH LABORNET, INC.



Principal Place of Business
1569 STONE RIDGE DR
STONE MOUNTAIN, GA 30083 US

Mailing Address
1569 STONE RIDGE DR
STONE MOUNTAIN, GA 30083 US

2. Principal Place of Business
2535 ROYAL PLACE
 Suite, Apt. #, etc.

3. Mailing Address
2535 ROYAL PLACE
 Suite, Apt. #, etc.

City & State
TUCKER, GA

City & State
TUCKER, GA

Zip
30084 Country
US

Zip
30084 Country
US



06302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

DAN, TOTH
2646 GROVE VIEW DRIVE
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

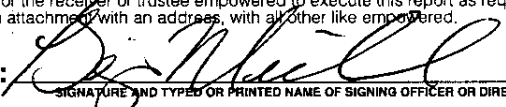
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	METZGER, MICHAEL E	
STREET ADDRESS	5484 BREATHITT DR.	
CITY-ST-ZIP	LILBURN, GA 30047	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, JOHN J	
STREET ADDRESS	1175 DOWNYSHIRE DR	
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044	
TITLE	C	<input type="checkbox"/> Delete
NAME	PERRY, SHUPE	
STREET ADDRESS	4075 RÜNNYMEDE DR	
CITY-ST-ZIP	LILBURN, GA 30047	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **BEN MICHAEL** **6/30/04** **(770) 270-8250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #