


**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**

4. FEI Number  
**58-2138802** Applied For  
 Not Applicable

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

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 \_\_\_\_\_ (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METZGER, MICHAEL E			NAME			
STREET ADDRESS	5484 BREATHITT DR.			STREET ADDRESS			
CITY-ST-ZIP	LILBURN, GA 30047			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIMMERMAN, JOHN J			NAME			
STREET ADDRESS	1175 DOWNYSHIRE DR			STREET ADDRESS			
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, SHUPE			NAME			
STREET ADDRESS	4075 RÜNNYMEDE DR			STREET ADDRESS			
CITY-ST-ZIP	LILBURN, GA 30047			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 **BEN MICHAEL** 6/30/04 (770) 270-8250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #