

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000002818

1. Entity Name
ACRYLIFE, INC.



Principal Place of Business

**1165 STAFFORD UMBERGER DR
PO BOX 803
WYTHEVILLE, VA 24382**

Mailing Address

**1165 STAFFORD UMBERGER DR
PO BOX 803
WYTHEVILLE, VA 24382**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1585046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRINDLEY, RAY
1171 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000741552
05/15/07-80033-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOHNSON, LOUIS P
STREET ADDRESS	P.O. BOX 10814
CITY-ST-ZIP	BLACKSBURG, VA 24062
TITLE	D
NAME	JOHNSON, CHARLES S
STREET ADDRESS	170 E FRANKLIN ST
CITY-ST-ZIP	WYTHEVILLE, VA 24382
TITLE	S
NAME	JOHNSON, LEE H
STREET ADDRESS	170 FRANKLIN ST
CITY-ST-ZIP	WYTHEVILLE, VA 24382
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 life empowered.

SIGNATURE:

Charles S. Johnson

Charles S. Johnson

4-26-07

276-228-6704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #