


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90019 025 \*\*\*150.00

DOCUMENT # F90000001699 1. Entity Name STRECK LABORATORIES INC.	
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Principal Place of Business 7002 S. 109TH ST. LAVISTA, NE 68128	Mailing Address PO BOX 45625 OMAHA, NE 68145
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66025660



06282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0536601	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RYAN, WAYNE  
1599 S. BARFIELD COURT  
MARCO ISLAND, FL 34145

**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  
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PO RYAN, CONNIE 7002 S. 109TH ST. LAVISTA, NE 68128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RYAN, WAYNE 7002 S. 109TH ST. LAVISTA, NE 68128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULAND, JEANNE 7002 S. 109TH ST. LAVISTA, NE 68128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROHN, ROBERT 1427 S. 85TH AVENUE OMAHA, NE 68124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, C M 6975 GREEN TREE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURG, JAMES 624 PEACH STREET LINCOLN, NE

**DO NOT WRITE  
IN THIS SPACE**

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:

*Mike SUEM*  
TREASURER

8/2/05

402-691-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #