

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000002021

1. Entity Name

GULF COAST LABNET, INC.



Principal Place of Business

6389 SPANISH FORT BLVD.

SPANISH FORT, AL 36527-9489

Mailing Address

C/O KALIFEE BEDSOLE & CO.

1340 LSEGE DR.

MOBILE, AL 36616-0782



06212007

No Chg-P

CR2E034 (11/05)

4. FEI Number

63-1195706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROGERS, DAVID M

14156 RIVER ROAD

PENSACOLA, FL 32507

**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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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
NAME WILLIAMS, CARL
STREET ADDRESS 457 NICHOLS
CITY-ST-ZIP FAIRHOPE, AL 365321742

TITLE VP
NAME HUDSON, DAWN
STREET ADDRESS PO BOX 16611
CITY-ST-ZIP MOBILE, AL 36616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000766679
06/27/07-80001-012 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/07

Date

Daytime Phone #

251 6251331