

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60514

FILED
Mar 19, 2009
Secretary of State

Entity Name: HERNASCO TESTING LABORATORY, INC.

Current Principal Place of Business:

13237 COLONY ROAD
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

6302 BENJAMIN ROAD
SUITE 409
TAMPA, FL 33634

New Mailing Address:

P.O. BOX 23494
TAMPA, FL 33623

FEI Number: 59-2340709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORTICH, ALAN
13237 COLONY ROAD
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TIPPENS, JAMES C. JR.
Address: 2700 BAYSHORE BLVD., #561
City-St-Zip: DUNIDEN, FL 34698

Title: PST () Delete
Name: FORTICH, ALAN
Address: PO BOX 5267
City-St-Zip: HUDSON, FL 34674

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change () Addition
Name: FORTICH, ALAN
Address: PO BOX 23494
City-St-Zip: TAMPA, FL 33623

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN FORTICH

PST

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date