

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # G74042

1. Entity Name
IMANNA LABORATORY, INC.



Principal Place of Business

515 GUS HIPP BLVD
ROCKLEDGE, FL 32955 US

Mailing Address

PO BOX 560933
ROCKLEDGE, FL 32956 US



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2383151

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

WHITE, ROBERT L
1263 ST. ANDREWS CIRCLE
ROCKLEDGE, FL 32955

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000833610
02/28/08-80020-007 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITE, ROBERT L.
STREET ADDRESS 1263 ST. ANDREWS CIRCLE
CITY-STATE-ZIP ROCKLEDGE, FL 32955

TITLE V
NAME HUDGINS, JEFFREY W.
STREET ADDRESS 6290 PINE HOLLOW
CITY-STATE-ZIP EAST LANSING, MI 48823

TITLE ST
NAME WHITE, NANCY E.
STREET ADDRESS 1263 ST. ANDREWS CIRCLE
CITY-STATE-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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 like empowered.

SIGNATURE:

Robert L. White (ROBERT L. WHITE) 2/18/08

Date

321-632-2008

Daytime Phone #