


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 042 ***163.75

DOCUMENT # H90680					
1. Entity Name P. D. LAB., INC.					
Principal Place of Business 5970-D JOG RD. LAKE WORTH, FL 33467-6509 <i>new address</i>			Mailing Address 5970-D JOG RD. LAKE WORTH, FL 33467-6509		
2. Principal Place of Business 7798 Penwood Ct			3. Mailing Address 7798 Penwood Ct		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State LAKE WORTH FL			City & State LAKE WORTH FL		
Zip 33467		Country USA		4. FEI Number 59-2623098	
Zip 33467		Country FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, PETER F 5970-D JOG RD. LAKE WORTH, FL 33467-6509 <i>new address above</i>				7. Name and Address of New Registered Agent as 6 Patch Fox 7798 Penwood Ct. LAKE WORTH FL 33467	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when contacting)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, PETER 5970-D JOG RD. LAKE WORTH, FL 334676509	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Lab Inc</i> FOX, Peter 7798 Penwood Ct LAKE WORTH FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 a power of attorney.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7-6-04					

150
875
1000



Attachment #1068 574061135

HEALTH AND HUMAN SERVICES

Florida's health

THE FLORIDA DEPARTMENT OF HEALTH

Address Changes Confirmation



Name: PETER F FOX License Number: 1062*

[Update Addresses](#)

Below is a confirmation of the changes made to your address(es). We encourage you to print a copy of this page for your record.

[Update Login](#)

[View License Data](#)

1 Mailing Address Information :

[Request Duplicate License](#)

The requested change has been processed as follows:

[Print Temporary License](#)

Attention : peter fox
Address Line 1 : 7798 PENWOOD COURT
Address Line 2 :
City : LAKE WORTH
State : FL
Zip: 33467

[View Document Images](#)

[FAQ](#)

[Contact Information](#)

[Log Off](#)

2 Practice Location Address Information :

The requested change has been processed as follows:

Attention : peter fox
Address Line 1 : 7798 PENWOOD COURT
Address Line 2 :
City : LAKE WORTH
State : FL
Zip: 33467

3 Contact Information :

The requested change has been processed as follows:

New E-mail Address : sachfoxo@aol.com

Attachment - H90680

54061135-



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **H90680**

Tracking Number: **600038789686**

The charge for your Annual Report is
\$163.75

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

[Continue](#)

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Attachments - H10680

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City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="pres"/>
Officer/Director Signature	<input type="text" value="peter fox"/>

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Division of Corporations

Annual Report

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Document Number
H90680
Business Entity Name
P. D. LAB., INC.

Election Campaign Financing Trust Fund Contribution ☒ Yes ☐ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
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