## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49690

City-St-Zip: BARTOW, FL

Entity Name: PEMBROKE LABORATORIES, INC.

FILED Apr 02, 2004 Secretary of State

Ellily Nai	IIIe. PEMBR	OKE LABORATORIES, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
220 E MAI P.O. BOX BARTOW,		US	220 E MAIN ST BARTOW, FL 33830	US	
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
220 E MAI P.O. BOX BARTOW,		US	P O BOX 250 BARTOW, FL 33831	US	
FEI Number	: 59-2766582	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
245 S CÉN BARTOW,	DONALD H. NTRAL AVE , FL 33830				
	e named entit; e of Florida.	y submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered A	gent	Date	
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).			
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP STUART, W.I 220 E MAIN S BARTOW, FL	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VT HINTON, BRI		Title: Name: Address	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN D HINTON VP 04/02/2004