

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49690

FILED
Apr 02, 2004
Secretary of State

Entity Name: PEMBROKE LABORATORIES, INC.

Current Principal Place of Business:

220 E MAIN ST
P.O. BOX 250
BARTOW, FL 33831 US

New Principal Place of Business:

220 E MAIN ST
BARTOW, FL 33830 US

Current Mailing Address:

220 E MAIN ST
P.O. BOX 250
BARTOW, FL 33831 US

New Mailing Address:

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 Address of Current Registered Agent:

WILSON, DONALD H. JR.82
245 S CENTRAL AVE
BARTOW, FL 33830

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: DP () Delete
Name: STUART, W.H., JR,
Address: 220 E MAIN ST
City-St-Zip: BARTOW, FL

Title: VT () Delete
Name: HINTON, BRIAN D.,
Address: 220 E MAIN ST
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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

Electronic Signature of Signing Officer or Director

_____ Date