2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 15, 2004 8:00 am
Secretary of State
09-02-2004 90077 035 ***550.00

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1. Entity Name
PHARMAKON LABORATORY, INC.

66433700

Principal Place of Business	Mailing Address
6050 JET PORT INDUSTRIAL BLVD. TAMPA, FL 33634	6050 JET PORT INDUSTRIAL BLVD. TAMPA, FL 33634

08252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2821514
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACEBO, ABELARDO LAZARO
6050 JET PORT INDUSTRIAL BLVD.
TAMPA, FL 33634

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACEBO, ABELARDO LAZARO
STREET ADDRESS	~~3124 CARET RD~~ 19808 Sunsplash Lane
CITY-ST-ZIP	~~TAMPA, FL~~ Lutz, FL 33558
TITLE	STD
NAME	JACKSON, EDWARD R II
STREET ADDRESS	~~4942 N UMBERWAY~~ 13601 Diamond Head Dr
CITY-ST-ZIP	~~TAMPA, FL~~ Tampa FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: _____ 9/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #