

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J86481**

1. Entity Name  
**PHAR-METIC LABS, INC.**



Principal Place of Business  
**% JONATHAN GREENLAW  
P. O. BOX 155  
PALMETTO, FL 34221**

Mailing Address  
**% JONATHAN GREENLAW  
P. O. BOX 155  
PALMETTO, FL 34221**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2834063**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENLAW, JONATHAN  
9652 18TH AV CR N.W.  
BRADENTON, FL 34209**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10.**

**OFFICERS AND DIRECTORS**

TITLE	D
NAME	GREENLAW JONATHAN
STREET ADDRESS	9652 18TH AV CR N.W.
CITY - ST - ZIP	BRADENTON, FL
TITLE	D
NAME	GREENLAW-BAGGS, HEATHER
STREET ADDRESS	3203 AMAYA CT
CITY - ST - ZIP	BRANDON, FL
TITLE	D
NAME	GARDNER, STEPHAINE
STREET ADDRESS	7611 3RD AVE N W
CITY - ST - ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/06-80038-017 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jonathan Greenlaw 1-23-06 941-722-1100**

Date

Daytime Phone