2008 FOR PROFIT CORPORATION

FILED Mar 07, 2008 08:00 A **ANNUAL REPORT Secretary of State** DOCUMENT # K09102 PRECISION LABORATORY, INC. Principal Place of Business Mailing Address 875 SE 47TH TERRACE 5245 ELM ST CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 CR2E034 (11/05) 01112008 No Chg-P Applied For 4. FEI Number 65-0018240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent and the manufacture and property and the manufacture and DO NOT WRITE VIDAL, JOHN ROBERT **5245 ELM COURT** CAPE CORAL, FL 33904 IN THIS SPACE a for his hope when you 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. 3-3-0*8* (NOTE: Registered Agent argneture required when reinstating) e of registered agent and title & applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE the design described and appropriate the specific field and the second VIDAL, JOHN ROBERT rang tang di kalaman manan mangkalah kanan dan di pengan agada pengah ke **5245 ELM CT** STREET ADDRESS an appayable he had a fall for an arrang a managhat a fall and a standing fall for fall and a standing fall for fall and a fall and CITY-ST-ZIE CAPE CORAL, FL te di Arab mangkam ng katalan sa terang katalan katalan katalan katalan katalan katalan katalan katalan katala karan menadak da nemberilah senerapahnasa, atanlah, seperanga itala atau da apalaga a ja artafi maga kemega dagan dinarangan da kemadan ar arawa milija ar keji ar ke NAME alara diselektrik arabi oleh arik arik arik, seberat arabi at larih arabi allar berasi da di STREET ADDRESS A SA B A AR AR CON A WARRE AREA IN A BAN WAS THERE WARRE CITY-ST-ZIP di dia dia mandri mpikambana any kaominina dia mpikambana dia mpikambana dia mpikambana dia mpikambana dia mpi a da nama ja nya manima nya manima manima manima nya manima nya TITLE a from a facility and a great production in grand agen-NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 fusitee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all giner like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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TITLE NAME

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ITED NAME OF SIGNING OFFICER OR DIRECTOR

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