


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L23505
 1. Entity Name
 ST. JOHNS BIOMEDICAL LABORATORIES, INC.



Principal Place of Business: 165 SOUTH PARK BLVD STE A, ST AUGUSTINE, FL 32086 US
 Mailing Address: % EMMELINA S CEGUERRA, 2411 PEG LEG RD, JACKSONVILLE, FL 32224-1164 US

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-2974661 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EMMELINA S CEGUERRA, CPA
 2411 PEG LEG RD
 JACKSONVILLE, FL 32224

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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)

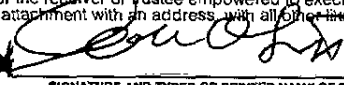
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIA, EDWIN O.
STREET ADDRESS	685 STANDISH ROAD
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/17/05-80047-024 158.75
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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 officers empowered.

SIGNATURE  **Edwin O Sia, Pres** 02/18/05 904 824-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #