


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L41753 | |  |
| 1. Entity Name ROADRUNNER LABORATORY, INC. | | |
| Principal Place of Business 221 HOWARD DR BELLEAIR BCH, FL 33786 US | Mailing Address 221 HOWARD DR BELLEAIR BCH, FL 33786 US | |



DO NOT WRITE IN THIS SPACE

03242005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2984887 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

PEQUIGNOT, MARGOT
164 8TH AVENUE SW
LARGO, FL 33770

**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 reappointing)

DATE

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 | MORTENSEN, KATHLEEN A. |
| STREET ADDRESS | 221 HOWARD DR |
| CITY-ST-ZIP | BELLEAIR BEACH, FL |

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 727-555-7346