

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 032 ***150.00

DOCUMENT # P00000047905

1. Entity Name
DNAPRINT GENOMICS, INC.



Principal Place of Business
**900 COCOANUT AVE
SARASOTA, FL 34236**

Mailing Address
**900 COCOANUT AVE
SARASOTA, FL 34236**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1013161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRUDAKIS, TONY
900 COCONUT AVENUE
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
THOMAS P. McNAMARA PA
Street Address (P.O. Box Number is Not Acceptable)

2909 BAY TO BAY BLVD #309
City **TAMPA** FL Zip Code **33629**

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

THOMAS P. McNAMARA

4-28-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **FRUDAKIS, TONY**
STREET ADDRESS **900 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **CEOD** ☐ Delete
NAME **GABRIEL, RICHARD**
STREET ADDRESS **900 COCONUT AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D** ☐ Delete
NAME **GOMEZ, HECTOR**
STREET ADDRESS **900 COCONUT AVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D CSO** ☒ Change ☐ Addition
NAME **FRUDAKIS, TONY**
STREET ADDRESS **900 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D P CEO** ☒ Change ☐ Addition
NAME **GABRIEL, RICHARD**
STREET ADDRESS **900 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D CMD** ☒ Change ☐ Addition
NAME **GOMEZ, HECTOR**
STREET ADDRESS **900 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **CEO COO** ☐ Change ☒ Addition
NAME **TAMBORINI, MONICA**
STREET ADDRESS **900 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
MONICA TAMBORINI CEO/COO

04/28/04 (941) 346-3400
Date Daytime Phone #