2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 06, 2004 8:00 am Secretary of State DOCUMENT # P01000010779 08-06-2004 90007 006 ***150.00 JOINT RESTORATION RESEARCH LABORATORY, INC. Principal Place of Business Mailing Address 11121 HARBOUR ESTATE CIRCLE 11121 HARBOUR ESTATE CIRCLE 24078759 FT MYERS, FL 33908 FT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1070747 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKOVICH, AMY Street Address (P.O., Box Number is Not Acceptable) 11121 HARBOUR ESTATE CIRCLE FT MYERS, FL 33908 City Zip Code 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition MARKOVICH, GEORGE NAME NAME STREET ADDRESS 11121 HÄRBOUR ESTATE CIRCLE STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 accurate and other like empowered.

RESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

239 415-0100



Charles Abels Massie, CPA*, PA

Licensed in

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July 8, 2004

Florida Department of State Division of Corporations Annual Reports Filings P. O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Re:

Joint Restoration Research Laboratory, Inc.

FEI#:

65-1070747

Subject:

Late filing of annual report

Joint Restoration Research Laboratory, Inc. is filing this report late because they never received the original report documentation due to the fact that the addressed occupant did not receive the mail. They have not received all of their expected mail from time to time due to local people removing items from their mailbox. They are requesting an abatement of the \$500.00 penalty for late filing due to these unusual and singular circumstances.

Enclosed please find a check in the amount of the originally required \$150.00. Thank you in advance for your consideration.

Sincerely,

Charles Abels Massie, CPA

& George Markovich, President

CAM/ldy

cc: Joint Restoration Research Laboratory, Inc.

Enclosure