2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# P01000035474

Entity Name: LABS SERVICE INC

Current Principal Place of Business:

2901 COMMONWEALTH AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2863 COMMONWEALTH AVE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 90-0060336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIOSA, DEAL
2863 COMMONWEALTH AVE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRANCIOSA, DEAL
Address: 2863 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: V ( ) Delete
Name: SHIRLEY, CLARK
Address: 2863 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FRANCIOSA, DEAL
Address: 2901 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP (X) Change ( ) Addition
Name: SHIRLEY, CLARK
Address: 2863 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP ( ) Change (X) Addition
Name: NORMA, LARSEN
Address: 2863 COMMONWEALTH AVE
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY CLARK VP 03/12/2004

Electronic Signature of Signing Officer or Director — Date