



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01000049273		
1. Entity Name REMLE LABS, INC.		
Principal Place of Business 1316-B SOUTH HWY US 1 BUNNELL, FL 32110		Mailing Address 1316-B SOUTH HWY US 1 BUNNELL, FL 32110
DO NOT WRITE IN THIS SPACE		
		
01122005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3719756		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RHYNARD, M.A. 515 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JENNIFER 340 LOWNDES AVENUE ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, JON 1096 LANDERS STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, MICHAEL 1096 LANDERS STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HLADKY, JANE 2432 WEATHERFORD DELTONA, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTHER, PEGGY 20 SEA BREEZE TRAIL PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: <u>Jane Hladky</u>		3/9/05 (386)586-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #