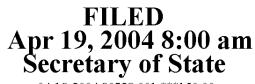
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P01000116100 1. Entity Name 24/7 DRUG SCREENING, INC. Principal Place of Business Mailing Address 2077 EODECTURE DEVID



04-19-2004 90728 001 ***150.00

2017 FORESTRILL BLVD SUITE 121 WEST PALM BEACH FL 33406 US				2677 FORESTHILL BLVD SUITE 121 WEST PALM BEACH FL 33406 US				94057400			
2. Principal Place of Business			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				MOORE CR2E0	34 (11/03)		
City & State			City	City & State			4.	FEI Number 65-1156843		oplied For ot Applicable	
Zip 	Country				Country		5.	5. Certificate of Status Desired Service Servi			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
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LEO, ANTHONY LAKESHORE PLAZA					}	Street Address (P.O. Box Number is Not Acceptable)					
		T HILL BLVD BEACH FL :		121							
						City		FL 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND DIRECTORS						ΑĽ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST			☐ Delete TI					☐ Change	[] Addition	
NAME	LEO, ANTHONY								_	_	
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33406					ST-ZIP				ł	
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NAME	LEO, FRANK			NAME							
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NAME					NAME						
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						ST-ZIP					
12. 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											

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.

| Comparison of 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