

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000116100

1. Entity Name

24/7 DRUG SCREENING, INC.



FILED

08 OCT -1 PH 2:36

Principal Place of Business

2677 FORESTHILL BLVD
SUITE 121
WEST PALM BEACH FL 33406
US

Mailing Address

2677 FORESTHILL BLVD
SUITE 121
WEST PALM BEACH FL 33406
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3923 LAKE WORTH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 211

City & State

LAKE WORTH, FL

Zip

Country

Zip

Country

33461

FL

4. FEI Number

65-1156843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEO, ANTHONY
LAKESHORE PLAZA
2677 FOREST HILL BLVD SUITE 121
WEST PALM BEACH FL 33406

Name

ANTHONY A. LEO

Street Address (P.O. Box Number is Not Acceptable)

3923 LAKE WORTH RD

City

LAKE WORTH, FL

Zip Code

33461

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

Anthony A. Leo

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

(NOTE: Registered Agent signature required when reinstating)

8-4-8

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME LEO, ANTHONY
STREET ADDRESS 2677 FOREST HILL BLVD SUITE 121
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE D ☒ Delete
NAME PETERSON, ANDREW E DR.
STREET ADDRESS 2677 FOREST HILL BLVD SUITE 121
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 3923 LAKE WORTH RD
STREET ADDRESS SUITE 211
CITY-ST-ZIP LAKE WORTH, FL 33461

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

TITLE ☐ Change ☐ Addition
NAME 500136104695
STREET ADDRESS 09/18/08--01044--013
CITY-ST-ZIP **74.95

TITLE ☐ Change ☐ Addition
NAME 900136581269
STREET ADDRESS 10/02/08--01048--016
CITY-ST-ZIP **75.05

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 exemptions contained in Chapter 119, 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:

Anthony A. Leo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-8

Date

Daytime Phone #

(560) 966-8744