

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 048 ***158.75

DOCUMENT # P02000107241

1. Entity Name
SOUTHERN BIOMEDIX, INC.



Principal Place of Business
**6950 PHILIPS HWY., SUITE 44
JACKSONVILLE, FL 32216**

Mailing Address
**6950 PHILIPS HWY., SUITE 44
JACKSONVILLE, FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232004

Chg-P

CR2E034 (10/03)

4. FEI Number
06-1650826

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RACHE, ROBERT
6950 PHILIPS HWY, STE 44
JACKSONVILLE, FL 32216

Roche

7. Name and Address of New Registered Agent

Name **Robert Roche**
Street Address (P.O. Box Number is Not Acceptable)
6950 Philips Hwy # 44
Jacksonville, FL
City **FL** Zip Code **32216**

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ADAMS, KENT R**
STREET ADDRESS **6950 PHILIPS HWY., SUITE 44**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VD** ☐ Delete
NAME **POWELL, MARK A**
STREET ADDRESS **6950 PHILIPS HWY., SUITE 44**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **SD** ☐ Delete
NAME **ROCHE, ROBERT M**
STREET ADDRESS **6950 PHILIPS HWY., SUITE 44**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **TD** ☒ Delete
NAME **CHAMBERS, MARK A**
STREET ADDRESS **6950 PHILIPS HWY., SUITE 44**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #