


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90140 001 \*\*\*150.00  
08-09-2004 90140 002 \*\*\*\*\*8.75

DOCUMENT # P03000035179		
1. Entity Name LABORATORY ANALYSTS INC.		

Principal Place of Business 4445 NE 2ND COURT OCALA, FL 34479 US	Mailing Address 4445 NE 2ND COURT OCALA, FL 34479 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>48-1307432</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ATRIA, PETER V 4445 NE 2ND COURT OCALA, FL 34479		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 is applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	P ATRIA, PETER V 4445 NE 2ND COURT OCALA, FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATRIA, SHARON 4445 NE 2ND COURT OCALA, FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached report on address, with all other like empowered.

SIGNATURE: Peter V. Atria 7/1/04 (352)817-2941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
66431647  
# P03000035179

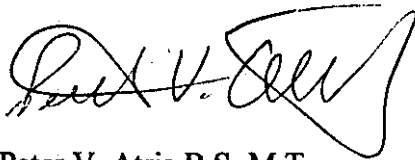
**Laboratory Analysts Inc.**

4445 N.E. 2<sup>nd</sup> Ct. Ocala FL. 34479  
(352) 817-2941

To whom it may concern,

I am sending my 2004 For Profit Corporation Annual Report along with 2 checks. I did not receive the Notice of Intent in the mail until July of 2004. The same day I received the notice I immediately called the state and spoke to a male representative because I was concerned about the late fee. The State Representative informed me that I need only send the regular fee of \$150.00 and that there have been many reported cases of problems with corporations not receiving the information by the deadline, to avoid a late charge. I have enclosed a second check for \$8.75 to receive a Certificate of Status. Thank you for your time. If you have any questions please phone me at (352)817-2941.

Sincerely,



Peter V. Atria B.S.,M.T.  
President