

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088693

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: DRUG LAB INCORPORATED

## Current Principal Place of Business:

613 SAINT JOHNS AVENUE SUITE 213  
PALATKA, FL 32177

## New Principal Place of Business:

310 S. PALM AVE  
SUITE 12  
PALATKA, FL 32177

## Current Mailing Address:

613 SAINT JOHNS AVENUE SUITE 213  
PALATKA, FL 32177

## New Mailing Address:

310 S. PALM AVE  
SUITE 12  
PALATKA, FL 32177

FEI Number: 20-1318440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GANDY, RENA  
Address: 613 SAINT JOHNS AVENUE SUITE 213  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: CARROW, DON R  
Address: 613 SAINT JOHNS AVENUE SUITE 213  
City-St-Zip: PALATKA, FL 32177

Title: STD ( ) Delete  
Name: CARROW, SELMA  
Address: 613 SAINT JOHNS AVENUE SUITE 213  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GANDY, RENA  
Address: 310 S. PALM AVE, SUITE 12  
City-St-Zip: PALATKA, FL 32177

Title: VD (X) Change ( ) Addition  
Name: CARROW, DON R  
Address: 310 S. PALM AVE, SUITE 12  
City-St-Zip: PALATKA, FL 32177

Title: STD (X) Change ( ) Addition  
Name: CARROW, SELMA  
Address: 310 S. PALM AVE, SUITE 12  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELMA CARROW

SDT

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date