

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086005

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** RESEARCH LABORATORY SUPPLY, INC.

**Current Principal Place of Business:**

1533 S.W. 1ST WAY  
SUITE F-14  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

2939 NORTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

POST OFFICE BOX 15940  
PLANTATION, FL 33318

**New Mailing Address:**

**FEI Number:** 03-0563854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLACKLEDGE, GARY L  
1927 NW 80TH AVENUE  
MARGATE, FL 33063 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

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** BLACKLEDGE, GARY L  
**Address:** 1927 NORTHWEST 80TH AVENUE  
**City-St-Zip:** MARGATE, FL 33063

**Title:** VP  
**Name:** BLACKLEDGE, GREGORY L  
**Address:** 1923 NORTHWEST 80TH AVENUE  
**City-St-Zip:** MARGATE, FL 33063

**Title:** T  
**Name:** BLACKLEDGE, PRAXEDES  
**Address:** 1927 NW 80TH AVE  
**City-St-Zip:** MARGATE, FL 33063

I hereby 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 all other like empowered.

**SIGNATURE:** GARY L. BLACKLEDGE

PSD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date