## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P06000012656 04-21-2008 90091 008 \*\*\*150.00 BODOR LABORATORIES INC. Principal Place of Business Mailing Address 3929 SW 69TH AVENUE 3929 SW 69TH AVENUE GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-4207590 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, CARLA D Street Address (P.O. Box Number is Not Acceptable) 1206 EAST RIDGEWOOD ST. ORLANDO, FL 32803 City Zip Code 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 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE Delete TITLE ■ Addition ☐ Change BODOR, NICHOLAS S PH.D. NAME NAME STREET ADDRESS 3929 SW 69TH AVENUE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP DVPT ☐ Delete TITLE ☐ Change ■ Addition TITLE BODOR, ERIK T PH.D. NAME NAME 3929 SW 69TH AVENUE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change\_ \_\_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibhA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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

Date

Description of the state of the printer of the

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