


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

|                                          |  |                                                                                   |
|------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000093896                  |  |  |
| 1. Entity Name<br>AMERICAN GEM LAB, INC. |  |                                                                                   |

**FILED**  
07 AUG 24 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>866 N FERDON BLVD<br>CRESTVIEW, FL 32536 | Mailing Address<br>866 N FERDON BLVD<br>CRESTVIEW, FL 32536 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

|                                                                      |                                           |
|----------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>866 N. Ferdon Blvd | 3. Mailing Address<br>Suite, Apt. #, etc. |
|----------------------------------------------------------------------|-------------------------------------------|

04-30-07 90456 033 \$150.00  
07272007 Chg-P CR2E034 (12/06)

|                              |                |
|------------------------------|----------------|
| City & State<br>Crestview FL | City & State   |
| Zip<br>32536                 | Country<br>USA |

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

|                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>LEWIS, G. KEITH<br>866 N FERDON BLVD<br>CRESTVIEW, FL 32536 |  |
|----------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | 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 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 \_\_\_\_\_

|                                                                  |                                                                                                                 |                                                                                              |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$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                     |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEWIS, G. KEITH<br>866 N FERDON BLVD<br>CRESTVIEW, FL 32536 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V Rachel Lewis Tinkdepougn<br>866 N. Ferdon Blvd<br>Crestview FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LEWIS, SHERRIE L<br>866 N FERDON BLVD<br>CRESTVIEW, FL 32536 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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 7/26/07 850-682-3638 Daytime Phone #

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**BILL E. PARKER**

*Attorney at Law*

*Post Office Box 1131  
Crestview, Florida 32536  
(850) 682-4820*

August 22, 2007

Secretary of State  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: AMERICAN GEM LAB, INC.  
P06000093896**

Gentlemen:

Enclosed, please find a copy of the 2007 Annual Report refiled on July 26, 2007. Also enclosed, is a copy of the check dated and mailed to your office in April 2007 in the amount of \$150.00 for filing fee.

To date, the corporate information on sunbiz.org does not reflect filing an annual report. Could you please verify that American Gem Lab, Inc. is in compliance regarding their annual report and filing fee.

Please respond as soon as possible.

Thank you.

Very truly yours,



Bill E. Parker

BEP/sh  
Enclosures