

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062031

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ALL PRO DRUG TESTING, INC.

## Current Principal Place of Business:

1259 TIMBER RUN  
HAVANA, FL 32333

## New Principal Place of Business:

1560-2 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

## Current Mailing Address:

1259 TIMBER RUN  
HAVANA, FL 32333

## New Mailing Address:

1560-2 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303

FEI Number: 11-3813773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEDERSEN, CATHIE  
1259 TIMBER RUN  
HAVANA, FL 32333 US

## Name and Address of New Registered Agent:

PEDERSEN, CATHIE  
1560-2 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: PEDERSEN, CATHIE  
Address: 1259 TIMBER RUN  
City-St-Zip: HAVANA, FL 32333

Title: VT ( ) Delete  
Name: WILLIAMS, SHIRLEY R.  
Address: 1248 TIMBER RUN  
City-St-Zip: HAVANA, FL 32333

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHIRLEY R. WILLIAMS

VT

01/07/2009

Electronic Signature of Signing Officer or Director

Date