

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000046637

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** PEOPLE'S LABORATORY TESTING, INC.

**Current Principal Place of Business:**

3127 HONEOYE TRAIL  
LAKELAND, FL 33810

**New Principal Place of Business:**

5212 HARVARD ST WEST  
LAKELAND, FL 33810

**Current Mailing Address:**

3127 HONEOYE TRAIL  
LAKELAND, FL 33810

**New Mailing Address:**

5212 HARVARD SY WEST  
LAKELAND, FL 33810

**FEI Number:** 27-0285718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, KATHY J  
3127 HONEOYE TRL  
LAKELAND, FL 33810 US

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

JONES, KATHY J  
5212 HARVARD ST WEST  
LAKELAND, FL 33810 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: KATHY JONES

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, KATHY  
Address: 5212 HARVARD ST WEST  
City-St-Zip: LAKELAND, FL 33810

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: KATHY JONES

RA

05/01/2012

Electronic Signature of Signing Officer or Director

Date