2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24587

FILED Jan 26, 2004 Secretary of State

Entity Name: EFFCON LABORATORIES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	DY PLAINS PK	Y		
SUITE 102 MARIETT <i>I</i>	2 A, GA 30066	US		
urrent M	lailing Addres	ss:	New Mailing Addres	ss:
P. O. BOX MARIETTA	.7499 A, GA 30065	US		
El Number	: 58-1741316	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
URKLOV				
425 OAK ACE, FL	MONT DR 32571			
ACE, FL he above	32571	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
ACE, FL he above	32571 named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
ACE, FL he above	32571 named entity se of Florida. RE:	submits this statement for the lateral state		ed office or registered agent, or both, Date
PACE, FL The above In the State	32571 named entity se of Florida. RE: Electror			
PACE, FL The above the State SIGNATUI	32571 named entity se of Florida. RE: Electror	nic Signature of Registered Ag	ent	
PACE, FL The above the State SIGNATUI	anamed entity see of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete R., HOLLOW CT.	ent	Date
PACE, FL The above The State SIGNATUI Ilection Car DFFICER: title: ame: ddress:	anamed entity see of Florida. RE: Electror mpaign Financing S AND DIREC PD () BURKLOW, ED 3545 HIDDEN H MARIETTA, GA	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete R., HOLLOW CT.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ED BURKLOW	PD	01/26/2004
SIGNATURE: ED BURKLOW	PD	U1/26/2UU4