2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an a

SIGNATURE:

Feb 08, 2005 8:00 am Secretary of State DOCUMENT # P94000049816 1. Entity Name 02-08-2005 90009 022 ***150.00 ANALYTICAL LABORATORIES OF FLORIDA, INC. Principal Place of Business Mailing Address 535 RIVERDALE DR. PO BOX 349 40015170 CAPE CANAVERAL FL 32920-0349 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Saite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3259055 Not Applicable Country 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 36ҢAMP, DALE A Street Address (S.O. Box Number is Not Acceptable) 525 RIVERDALE DR. MERRITT ISLAND FL 32953 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** мау Ве After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE SCHAMP, DALE A NAME STREET ADDRESS 525 RIVERDALE DR. STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete THTLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

FILED