

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90001 049 ***150.00

DOCUMENT # P94000049816

1. Entity Name

ANALYTICAL LABORATORIES OF FLORIDA, INC.



Principal Place of Business

535 RIVERDALE DR.
MERRITT ISLAND FL 32953
US

Mailing Address

PO BOX 349
CAPE CANAVERAL FL 32920-0349
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3259055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAMP, DALE A
525 RIVERDALE DR.
MERRITT ISLAND FL 32953

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 forming.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHAMP, DALE A
STREET ADDRESS 525 RIVERDALE DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #



**ATTACHMENT
ANALYTICAL
LABORATORIES
of Florida, Inc.**

60044002
#P94000049816

May 21, 2008

Page 1 of 1

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314
(850) 245-6500

Re: Check not deposited

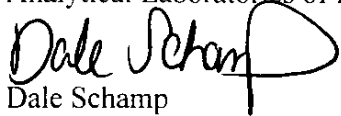
To Whom It May Concern:

I received my April statement from Bank of America and check # 4105 had still not cleared for payment of the filing fee for check number 4105 mailed on 2/4/8. I called the Dept of State office and asked if you folks were behind on processing the filings and was answered yes but the clerk stated my report fee should have cleared the system by now. I am now assuming the piece of mail containing this check was either lost by the USPS or internally with the State.

Enclosed is a second check for payment for the filing fee I mailed on 2/4/8. I no longer have an original as this was mailed to you in February. I have also enclosed a copy my check stubs to document I had sent out original check on 2/4/8. All other checks around check number 4105 have cleared.

Please call me at 321-258-1355 with any questions concerning this letter.

Thanks
Analytical Laboratories of Florida, Inc.


Dale Schamp
Owner