2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000087785

1. Entity Name
XENOTRONIX OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1031 MILLER DR. ALTAMONTE SPRINGS, FL 32750	P.O. BOX 520868 LONGWOOD, FL 32752

DO NOT WRITE IN THIS SPACE

04302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3275297	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEERY, MICHAEL J
1031 MILLER DRIVE
ALTAMONTE SPRINGS, FL 32701

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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 reinstating)

DATE 4/30/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000154716
05/05/04-80008-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEERY, MICHAEL J
STREET ADDRESS	1031 MILLER DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VP
NAME	DILS, ERIC A
STREET ADDRESS	1031 MILLER DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL J. GEERY 4/30/04   407-331-4793
Signature and typed or printed name of signing officer or director   Date   Daytime Phone #