

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000093117**

1. Entity Name

**DRUG TEST RESOURCES, INC.**



Principal Place of Business

**2864 REMINGTON GREEN CIR  
STE A  
TALLAHASSEE, FL 32308 US**

Mailing Address

**P.O. BOX 13678  
TALLAHASSEE, FL 32317-3678**

**DO NOT WRITE IN THIS SPACE**



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3296976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, HORACE A  
2864 REMINGTON GREEN CIR SUITE A  
TALLAHASSEE, FL 32308**

**DO NOT WRITE  
IN THIS SPACE**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PVTS  
MOODY, HORACE A  
2864 REMINGTON GREEN CIR SUITE A  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MOODY, HORACE A  
2864 REMINGTON GREEN CIR SUITE A  
TALLAHASSEE, FL 32308**

TITLE  
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CITY - ST - ZIP

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CITY - ST - ZIP

000000004021  
01/14/04-80011-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #