

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 024 ***150.00

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**

50013721

2. Principal Place of Business
2833 Remington Green Circle

3. Mailing Address
Same

Suite, Apt. #, etc.
2nd floor

City & State
Tallahassee, Florida

Zip
32308

Country
USA



01052005 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**

7. Name and Address of New Registered Agent

Name: **Horace A. Moody**

Street Address (P.O. Box Number is Not Acceptable)
2833 Remington Green Circle

Suite, Apt. #, etc.
2nd floor

City
Tallahassee

State
FL

Zip Code
32308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY - ST - ZIP	PVTS MOODY, HORACE A 2864 REMINGTON GREEN CIR SUITE A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Horace A. Moody* **Horace A. Moody** **1/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #