

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000093117

1. Entity Name

DRUG TEST RESOURCES, INC.



Principal Place of Business

2833 REMINGTON GREEN CIRCLE
2ND FLOOR
TALLAHASSEE, FL 32308 US

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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
2833 REMINGTON GREEN CIRCLE
2ND FLOOR
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME MOODY, HORACE A
STREET ADDRESS 2833 REMINGTON GREEN CIRCLE, 2ND FLOOR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME MOODY, HORACE A
STREET ADDRESS 2833 REMINGTON GREEN CIRCLE, 2ND FLOOR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.

\$5.00 May Be
Added to Fees

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

1-4-08

Date

850-386-7020

Daytime Phone #