

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028309

FILED
May 15, 2009
Secretary of State

Entity Name: SYNQUEST LABORATORIES, INC.

Current Principal Place of Business:

13201 RACHAEL BLVD
ROUTE 2054
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 309
ALACHUA, FL 326160309 US

New Mailing Address:

FEI Number: 59-3323091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DU BOISSON, RICHARD A
1914 NW 89TH DRIVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DU BOISSON, RICHARD A
Address: 1914 NW 89TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: V/S () Delete
Name: ALTY, ADAM C
Address: 1911 NW 32ND TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: VP/D () Delete
Name: MISAKA, YOICHI
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: SHIMIZU, TADASHI
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: YAMADA, SHINICHI
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MASAMICHI, MARUTA
Address: 13201 RACHEL BLVD
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DU BOISSON

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date