

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007035

FILED
May 21, 2004
Secretary of State

Entity Name: CLINICAL INSTRUMENTS, INC.

Current Principal Place of Business:

745A SCALLOP DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

745A SCALLOP DRIVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3355353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPE, DANIEL
745A SCALLOP DRIVE
CAPE CANAVERAL, FL 32920 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOPE, DANIEL
Address: 745A SCALLOP DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Delete
Name: KOPE, GREGORY
Address: 745A SCALLOP DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: DANIEL KOPE

D

05/21/2004

Electronic Signature of Signing Officer or Director

Date