

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000006697**

1. Entity Name

ALL POINTS BIOMEDICAL INC.



Principal Place of Business

8758 SEMINOLE BLVD  
SEMINOLE FL 33772-3810

Mailing Address

8758 SEMINOLE BLVD  
SEMINOLE FL 33772-3810



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3501744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SMARIDGE, ANTON S  
10148 BAHAMA COURT  
SEMINOLE FL 33776-1301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Anton S. Smaridge*

(NOTE: Registered Agent signature required when registering.)

DATE

1-23-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

NAME	P	<input type="checkbox"/> Delete
NAME	SMARIDGE, ANTON	
STREET ADDRESS	10148 BAHAMA CT.	
CITY-STATE-ZIP	SEMINOLE FL 33776	
NAME	S	<input type="checkbox"/> Delete
NAME	SMARIDGE, KERRI	
STREET ADDRESS	10148 BAHAMA CT.	
CITY-STATE-ZIP	SEMINOLE FL 33776	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000605027
CITY-STATE-ZIP	01/30/07-80019-017. 150.00
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

*Anton S. Smaridge* *Kerri L Smaridge*

Date

Daytime Phone #

1-23-07 319-0905