

2004 FOR PROFIT CORPORATION ANNUAL REPORT

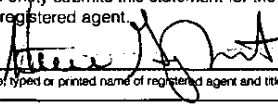
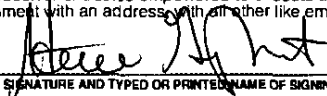
FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90031 027 ***150.00

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01162004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000063632			
1. Entity Name BIDDISCOMBE LABORATORIES, INC.			
Principal Place of Business 11961 31 CT. N SAINT PETERSBURG, FL 33716		Mailing Address 11961 31 CT. N SAINT PETERSBURG, FL 33716	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. FEI Number 59-3523097		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYHEART, STEPHEN 11961 31 ST COURT NORTH CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name GAYHEART, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 11961 31st COURT N. City ST. PETERSBURG FL Zip Code 33716	
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 		STEPHEN GAYHEART, PRES 1-20-04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D/P GAYHEART, STEPHEN 11961 31 CT N SAINT PETERSBURG, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VAN VALZAH, William 503 79th AVENUE ST. PETERSBURG BEACH, FL 33706 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 another like empowered.			
SIGNATURE: 		1-20-04 727-2999287 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEPHEN GAYHEART, PRES			