

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P99000070745**

1. Entity Name  
**TELOS LABS, INC.**



Principal Place of Business  
**6306 NEWTOWN CIR., #A-2  
TAMPA, FL 33615**

Mailing Address  
**PO BOX 260502  
TAMPA, FL 33685**



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3602744**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**5. Name and Address of Current Registered Agent**

**TORTORELLO, JOHN V  
4822 BONITA VISTA DRIVE  
TAMPA, FL 33634**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TSATAROS, EDDIE J
STREET ADDRESS	6306 NEWTOWN CIR., #A2
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	TSATAROS, JOHN
STREET ADDRESS	410 W. KLOSTERMAN RD.
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	LOPEZ, WALTER M JR.
STREET ADDRESS	3800 BAY TO BAY BLVD., STE. 11
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V
NAME	TORTORELLO, JOHN V
STREET ADDRESS	4822 BONITA VISTA DR.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000347123  
04/30/05-80103-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05

813-886-6992