

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91057 003 \*\*\*150.00

**DOCUMENT # S11084**

1. Entity Name  
**CYTOPATH LABORATORY, INC.**



Principal Place of Business  
**1206 FLORIDA AVE  
LYNN HAVEN, FL 32444 US**

Mailing Address  
**1206 FLORIDA AVE  
LYNN HAVEN, FL 32444 US**

**94082448**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 1162**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Lynn Haven, FL**

4. FEI Number

**59-3037656**

Applied For

Not Applicable

Zip

Country

Zip

**32444**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYS, REBECCA H.  
1206 FLORIDA AVE  
LYNN HAVEN, FL 32444**

Name **Mays, Rebecca H.**

Street Address (P.O. Box Number is Not Acceptable)  
**1002 Skunk Valley Rd.**

City **Southport**

**FL**

Zip Code

**32409**

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, 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  
**PT  
MAYS, REBECCA H  
1002 SKUNK VALLEY RD  
SOUTHPORT, FL 32409** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MAYS, EVERETT L  
1002 SKUNK VALLEY RD  
SOUTHPORT, FL 32409** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Rebecca H. Mays**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date

**850-271-0909**

Daytime Phone #