

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47806

Entity Name: TJS LAB, INC.

FILED  
Jan 24, 2004  
Secretary of State

## Current Principal Place of Business:

4555 HERITAGE OAK DRIVE  
ORLANDO, FL 32808 US

## New Principal Place of Business:

## Current Mailing Address:

4555 HERITAGE OAK DR  
ORLANDO, FL 32808 US

## New Mailing Address:

FEI Number: 59-3079274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIS, DAVID C  
201 S. ORANGE AVE., STE. 300  
ORLANDO, FL 32801 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: JOHNSON, THOMAS L.,  
Address: 4555 HERITAGE OAKE DR.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: WOODWARD, EVA,  
Address: 7531 LODGE POLE TRAIL  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: TURNER, LORRAINE,  
Address: 32 ROSEDOWN BLVD  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: DAVIDSON, RON,  
Address: 140 EASTERN FORK  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: TURNER, PAUL,  
Address: 32 ROSEDOWN BLVD  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHNSON, THOMAS L.

D

01/24/2004

Electronic Signature of Signing Officer or Director

Date