


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S60353
 1. Entity Name
SOUTHERN RESEARCH LABORATORIES, INC.



Principal Place of Business 3477 PARKWAY CENTER CT ORLANDO, FL 32808 US	Mailing Address 3477 PARKWAY CENTER CT ORLANDO, FL 32808 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3066868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAYNE, STANLEY JAYE
 3143 AUTUMN WOOD TR
 APOPKA, FL 32703

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, STANLEY JAYE 3143 AUTUMN WOOD TR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, SHERRI ANN 3143 AUTUMN WOOD TR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, DWAYNE A 3143 AUTUMN WOOD TR APOPKA, FL 32703
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80168-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **STANLEY JAYE PAYNE** Date: **4-11-06** Daytime Phone #: **464 5227100**