

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 28, 2008 08:00 AM  
Secretary of State

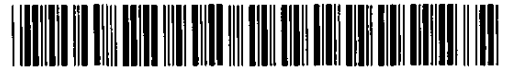
DOCUMENT # S60353

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



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000799528  
01/30/08-80073-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAYNE, STANLEY JAYE
STREET ADDRESS	3143 AUTUMN WOOD TR
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	D
NAME	PAYNE, SHERRI ANN
STREET ADDRESS	3143 AUTUMN WOOD TR
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	D
NAME	PAYNE, DWAYNE A
STREET ADDRESS	3143 AUTUMN WOOD TR
CITY-ST-ZIP	APOPKA, FL 32703

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* *[Signature]*

1-23-08

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