# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 22, 2009**
**Secretary of State**

DOCUMENT# S60353

**Entity Name:** SOUTHERN RESEARCH LABORATORIES, INC.

**Current Principal Place of Business:**

3477 PARKWAY CENTER CT
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

3477 PARKWAY CENTER CT
ORLANDO, FL 32808 US

**New Mailing Address:**

**FEI Number: 59-3066868** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAYNE, STANLEY JAYE
3143 AUTUMN WOOD TR
APOPKA, FL 32703 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PAYNE, STANLEY JAYE
Address: 3143 AUTUMN WOOD TR
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: PAYNE, SHERRI ANN
Address: 3143 AUTUMN WOOD TR
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: PAYNE, DWAYNE A
Address: 3143 AUTUMN WOOD TR
City-St-Zip: APOPKA, FL 32703

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERRI PAYNE VP 06/22/2009

Electronic Signature of Signing Officer or Director Date