2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V08227 1. Entity Name



FILED Feb 07, 2007 08:00 A Secretary of State

Principal Place of Business

2411 E GRAVES AVE

CLINLAB, INC.

STE 1

ORANGE CITY, FL 32763-8581

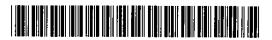
Mailing Address

2411 E GRAVES AVE

STE 1

DO NOT WRITE IN THIS SPACE

ORANGE CITY, FL 32763-8581 US



01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3103260

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, DANIEL 1220 GREENLAND HAMMOCK DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signatura, typed or printed name of registered agent and title if	rapplicable (NOTE: Registered A	gent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, DANIEL 1220 GREENLAND HAMMOCK DELAND, FL 32720				U00000625435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILSON, JAMES A 1634 KEELING DR DELTONA, FL 32738		02/14/07-80075-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 3 <u>5</u>		· •	
TITLE	•				

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 abdress, with all other like ampowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

James A. Wilson

Daytime Phone #