


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V08227

1. Entity Name
CLINLAB, INC.



Principal Place of Business 2411 E. GRAVES AVE STE 1 ORANGE CITY, FL 32763-8581	Mailing Address 2411 E. GRAVES AVE STE 1 ORANGE CITY, FL 32763-8581 US
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3103260	Applied For <input type="checkbox"/> Not Applicable
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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 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEWART, DANIEL 1220 GREENLAND HAMMOCK DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS WILSON, JAMES A 1634 KEELING DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/04/08-80049-011 150.00

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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: James A. Wilson **James A. Wilson** 2/22/08 3867740030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #