

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083906

Entity Name: ADVANCED MAGNET LAB, INC.**Current Principal Place of Business:**1604 S HARBOR CITY BLVD
MELBOURNE, FL 32901**Current Mailing Address:**1604 S HARBOR CITY BLVD
MELBOURNE, FL 32901 US**FEI Number:** 59-3342969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SENTI, MARK W
1604 S HARBOR CITY BLVD
MELBOURNE, FL 32901 US*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

Officer/Director Detail :

Title PRES
Name SENTI, MARK W
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name SENTI, MARK
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name PRINCE, VERNON
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name GUTTA, RAJESH
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name SENTI, WADE
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name SENTI, WADE
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name MCCOLLUM, BILL
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name TURNER, THOMAS
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: WADE SENTI**SECRETARY****01/06/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JENSEN, MARK
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name HEARD, MARSHALL
Address 1604 S HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32901