

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000000124

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC7842718672**

**Entity Name:** LAB PRO INSPECTIONS INC.

**Current Principal Place of Business:**

2447 SCHOENFELDT ST  
THE VILLAGES, FL 32163

**Current Mailing Address:**

2447 SCHOENFELDT ST  
THE VILLAGES, FL 32163 US

**FEI Number:** 23-2813156

**Certificate of Status Desired:** No

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

BARNABY, LIONEL A  
2447 SCHOENFELDT ST  
THE VILLAGES, FL 32163 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 CP  
Name BARNABY, LIONEL A  
Address 2447 SCHOENFELDT ST.  
City-State-Zip: THE VILLAGES FL 32163

Title S  
Name BARNABY, BARBARA A  
Address 2447 SCHOENFELDT ST.  
City-State-Zip: THE VILLAGES FL 32163

Title T  
Name SCHANTZ, SHARON  
Address 2850 APPLE VALLEY ESTATE DR  
City-State-Zip: DREFIELD PA 18069

*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:** LIONEL BARNABY

**CEO/PRINCIPAL**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date