

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000000124

Entity Name: LAB PRO INSPECTIONS INC.

FILED  
Jan 15, 2012  
Secretary of State

**Current Principal Place of Business:**

634 MURPHYS ESTATE DR  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

634 MURPHYS ESTATE DR  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 23-2813156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARNABY, LIONEL A  
634 MURPHYS ESTATE DR  
THE VILLAGES, FL 32162 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: BARNABY, LIONEL A  
Address: 634 MURPHYS ESTATE DR  
City-St-Zip: THE VILLAGES, FL 32162

Title: S  
Name: BARNABY, BARBARA A  
Address: 634 MURPHYS ESTATE DR  
City-St-Zip: THE VILLAGES, FL 32162

Title: T  
Name: SCHANTZ, SHARON  
Address: 2850 APPLE VALLEY ESTATE DR  
City-St-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

CP

01/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date