


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000100458
 1. Entity Name
 CLAYWELL DENTAL LAB, INC.



Principal Place of Business 104 W. SENECA AVE SUITE 2 TAMPA, FL 33612	Mailing Address 104 W. SENECA AVE SUITE 2 TAMPA, FL 33612
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02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0800201	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CLAYWELL, HENRY A
 15112 LYNN DR
 TAMPA, FL 33624

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYWELL, HENRY A 15112 LYNN DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLAYWELL, PATRICIA 15112 LYNN DR TAMPA, FL 33624
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the rules. 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 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, F.S.; 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: *Henry A. Claywell* Henry A. Claywell President 3-1-07 813-966-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #