

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055550

**Entity Name:** AXE-A-DENT, INC.

**Current Principal Place of Business:**

12738 PINEY WOODS WAY  
CLERMONT, FL 34711

**Current Mailing Address:**

12738 PINEY WOODS WAY  
CLERMONT, FL 34711

**FEI Number:** 71-0947555

**Certificate of Status Desired:** No

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

GILMORE, BRIAN  
12738 PINEY WOODS WAY  
CLERMONT, FL 34711 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            DPT  
Name            GILMORE, BRIAN  
Address        12738 PINEY WOODS WAY  
City-State-Zip: CLERMONT FL 34711

Title            DVS  
Name            GORGA, THOMAS  
Address        7720 RENWOOD CT  
City-State-Zip: ORLANDO FL 32818

*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:** BRIAN GILMORE

**OWNER/OPERATOR**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date