

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000021150

**Entity Name:** SCHEELE DENTURE STUDIO, INC.

**Current Principal Place of Business:**

640 N VOLUSIA AVE. UNIT #D  
ORANGE CITY, FL 32763-4881

**Current Mailing Address:**

640 N VOLUSIA AVE. UNIT #D  
ORANGE CITY, FL 32763-4881

**FEI Number:** 94-3455511

**Certificate of Status Desired:** Yes

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

SCHEELE, PAUL  
640 N VOLUSIA AVE. UNIT #D  
ORANGE CITY, FL 32763-4881 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 P  
Name SCHEELE, PAUL  
Address 640 N. VOLUSIA AVE  
SUITE D  
City-State-Zip: ORANGE CITY FL 32763

Title P  
Name RIVERA, MARIA T  
Address 640 N. VOLUSIA AVE  
SUITE D  
City-State-Zip: ORANGE CITY FL 32763

*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:** PAUL D. SCHEELE

**VICE PRESIDENT**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date