


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90030 011 \*\*\*150.00

<b>DOCUMENT # 300708</b> 1. Entity Name <b>TRI-TECH DENTAL LABORATORY, INC.</b>					
Principal Place of Business <b>2544 CAPITAL MEDICAL BLVD BOX 10 TALLAHASSEE, FL 32308</b>			Mailing Address <b>2544 CAPITAL MEDICAL BLVD BOX 10 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>2544 Capital Medical Blvd.</b>		3. Mailing Address <b>8788 Cabin Hill Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-1111565</b>	
Zip <b>32308</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32308</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>WARD, TED 2544 CAPITAL MEDICAL BLVD BOX 10 TALLAHASSEE, FL 32308</b>	
7. Name and Address of New Registered Agent Name <b>Egbert T. Ward, Jr.</b>		Street Address (P.O. Box Number is Not Acceptable) <b>2544 Capital Medical Blvd.</b>			
City <b>Tallahassee</b>		FL		Zip Code <b>32308</b>	
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: <u><i>Egbert T. Ward, Jr.</i></u> (NOTE: Registered Agent signature required when reinstating.) DATE: <u>4/2/04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, TED 8788 CABIN HILL ROAD TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Egbert T. Ward, Jr. 8788 Cabin Hill Road Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Egbert T. Ward, Jr.</i></u> <b>Egbert T. Ward, Jr.</b> <u>4/2/04</u> <u>850-878-0076</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					