


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90104 001 ***150.00

DOCUMENT # 300708 1. Entity Name TRI-TECH DENTAL LABORATORY, INC.					
Principal Place of Business 2544 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308			Mailing Address 8788 CABIN HILL ROAD TALLAHASSEE, FL 32311		
2. Principal Place of Business 8788 Cabin Hill Road Suite, Apt. #, etc.		3. Mailing Address 8788 Cabin Hill Road Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32311		City & State Tallahassee, FL Zip 32311		4. FEI Number 59-1111565	
Country United States		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, EGBERT T JR 2544 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Egbert T. Ward, Jr. Street Address (P.O. Box Number is Not Acceptable) 8788 Cabin Hill Road City Tallahassee, FL Zip Code 32311	
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> Egbert T. Ward, Jr. 4/29/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, EGBERT T JR. 8788 CABIN HILL ROAD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
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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> Egbert T. Ward, Jr. 4/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04202005 Chg-P CR2E034 (10/03)