

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 373530	
1. Entity Name PENSACOLA DENTAL LABORATORY, INC.	

Principal Place of Business 2315 TOWN ST PENSACOLA FL 32505	Mailing Address 2315 TOWN ST PENSACOLA FL 32505
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-1307011	Applied For ☐	Not Applicable ☐
Zip	Country	Zip	Country	

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNER, DAVID A. 5742 HERMOSA CIRCLE PENSACOLA FL 32526

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
D TURNER, RICHARD E. 4919 HEATHE DR TALLAHASSEE FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
ST TURNER, BILLIE A 702 N 72ND AVE PENSACOLA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
D TURNER, BILLIE A 702 N 72ND AVE PENSACOLA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
PD TURNER, DAVID 5742 HERMOSA CIRCLE PENSACOLA FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
U00000831695 02/27/08-80028-013 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David A. Turner* **DAVID A. TURNER** **14 Feb 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR