

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373530

FILED
Feb 06, 2009
Secretary of State

Entity Name: PENSACOLA DENTAL LABORATORY, INC.

Current Principal Place of Business:

2315 TOWN ST
PENSACOLA, FL 32505

New Principal Place of Business:

2315 TOWN ST
PENSACOLA, FL 32505 US

Current Mailing Address:

2315 TOWN ST
PENSACOLA, FL 32505

New Mailing Address:

2315 TOWN ST
PENSACOLA, FL 32505 US

FEI Number: 59-1307011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, DAVID A.
5742 HERMOSA CIRCLE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURNER, RICHARD E.,
Address: 4919 HEATHE DR
City-St-Zip: TALLAHASSEE, FL

Title: ST () Delete
Name: TURNER, BILLIE A,
Address: 702 N 72ND AVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: TURNER, BILLIE A,
Address: 702 N 72ND AVE
City-St-Zip: PENSACOLA, FL

Title: PD () Delete
Name: TURNER, DAVID,
Address: 5742 HERMOSA CIRCLE
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID TURNER

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date