

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395262

Entity Name: ANCO DENTAL LAB, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

10161 W. SAMPLE RD.
POMPANO BEACH, FL 33065

New Principal Place of Business:

Current Mailing Address:

10161 W. SAMPLE RD.
POMPANO BEACH, FL 33065

New Mailing Address:

FEI Number: 59-1411177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, LEE
2342 NW 110TH TERRACE
SUNRISE, FL 33322 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: PD () Delete
Name: BENNETT, LEE J.,
Address: 2342 NW 110 TERRACE
City-St-Zip: SUNRISE, FL 33322

Title: SD () Delete
Name: KELLY, DAVID
Address: 7611 DOUBLETON DR
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEE BENNETT

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date