

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90238 014 ***150.00

DOCUMENT # 459859

1. Entity Name

DENTECH, INC.



Principal Place of Business

10806 US 19 N
#101
PORT RICHEY FL 34668

Mailing Address

13235 GOLF RIDGE PLACE
HUDSON FL 34669

2. Principal Place of Business

3. Mailing Address

3275 GARDENIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO BEACH, FL

Zip

Country

Zip

34607

Country

HERNANDO

4. FEI Number

59-1561722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOONS, ROBERT E
13235 GOLF RIDGE PLACE
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3275 GARDENIA DR

City

HERNANDO BEACH FL

Zip Code

34607

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

[Signature]

PRESIDENT

4/16/05

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KOONS, ROBERT E	
STREET ADDRESS	13235 GOLF RIDGE PLACE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOONS, KENNETH R.	
STREET ADDRESS	13235 GOLF RIDGE PLACE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOONS, SUE C	
STREET ADDRESS	13235 GOLF RIDGE PLACE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3275 GARDENIA DR	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4177 DES PREZ	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3275 GARDENIA DR	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] SUE C. KOONS
- Trust.

4/16/05

352/597-4275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #