


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 459859 1. Entity Name DENTECH, INC.	
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Principal Place of Business 10806 US 19 N #101 PORT RICHEY, FL 34668	Mailing Address 3275 GARDENIA DR HERNANDO BEACH, FL 34607
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1561722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOONS, ROBERT E 3275 GARDENIA DR HERNANDO BEACH, FL 34607

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000899766 04/29/08-80001-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONS, ROBERT E 3275 GARDENIA DR HERNADO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONS, KENNETH R. 141 RUSKIN AVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOONS, SUE C 3275 GARDENIA DR HERNANDO BEACH, FL 34607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Sue C. Koons</u> SUE C. KOONS <u>4/14/08</u> <u>352/597-4215</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>