
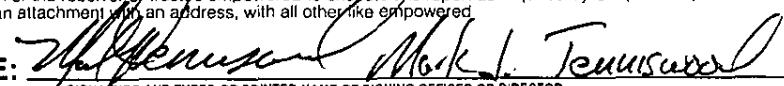


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 521618					
1. Entity Name TENNISWOOD DENTAL LAB, INC.					
Principal Place of Business 208 N.E. 3RD ST. OKEECHOBEE, FL 34972-2947			Mailing Address 208 N.E. 3RD ST. OKEECHOBEE, FL 34972-2947		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1707027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TENNISWOOD, JAMES R. 208 N.E. 3RD ST. OKEECHOBEE, FL 33472			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
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.			DATE		
SIGNATURE			DATE		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	05/01/08-80018-803-150.00	
NAME	TENNISWOOD, MARK J		NAME		
STREET ADDRESS	208 NE 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000,		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENNISWOOD, JAMES R		NAME		
STREET ADDRESS	208 NE 3RD ST		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 00000,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/15/08		Daytime Phone #: 963 763 3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					