## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 03, 2004 8:00 am Secretary of State DOCUMENT # F01000002633 08-03-2004 90007 050 \*\*\*150.00 1. Entity Name DENT ENTERPRISES, INC. Principal Place of Business Mailing Address 24077901 4494 E CLARK RD 101 EAST 10TH STREET **DEWITT, MI 48820** TIERRA VERDE, FL 33715 2. Principal Place of Business 3. Mailing Address 1161 E. CLAKK Rd Suite, Apt. #, etc. 07282004 Chg-P CR2E034 (10/03) 124-128 City & State 4. FEI Number Applied For 38-2777442 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired CLINTON Fee Required 6.-Name and Address of Current-Registered Agent == == 7.-Name and Address of New Registered Agent === Name DENT, GREGORY H Street Address (P.O. Box Number is Not Acceptable) 101 EAST 10TH STREET TIERRA VERDE, FL 33715 Zip Code FL 8. The above named en yet submits this Atatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of red stered agent SIGNATURE. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 8, 2004 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD TITLE ☐ Delete TITLE Change Addition DENT, GREGORY H NAME NAME STREET ADDRESS 101 EAST 10TH STREET STREET ADDRESS TIERRA VERDE, FL CITY-ST-ZIP CITY-ST-ZIP TITLE CFO ☐ Delete TITLE 🙇 Change Addition WOOTON, Brian J 1161 E. Clark RJ. Suites 124-128 Dewitt MT 48820 NAME WOOTEN, BRIAN J NAME 61161 E CLARK RD SUITES 124-128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEWITT, MI 48820 CITY-ST-ZIP TITLE ☐ Delete . Change .... Addition TITLE NAME\* NAME 1161 E. Clark RJ. Suites 124-128 Dewitt MI 48820 Kevin Dent STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED