

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004441

Entity Name: SLUSSER DENTAL LAB, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

6302 MANATEE AVE. WEST - D
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14970
BRADENTON, FL 34280

New Mailing Address:

6302 MANATEE AVE WEST
SUITE D
BRADENTON, FL 34280

FEI Number: 61-1028550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUSSER, ED
6302 MANATEE AVE. WEST - D
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

SLUSSER, DALE
6302 MANATEE AVE. WEST - D
BRADENTON, FL 34209 US

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: DALE EDWARD SLUSSER

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SLUSSER, ED
Address: P.O. BOX 14970
City-St-Zip: BRADENTON, FL 34280

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SLUSSER, DALE
Address: 6302 MANATEE AVE WEST
City-St-Zip: BRADENTON, FL 34280

I hereby certify that the information supplied with this filing does not qualify for the 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: DALE SLUSSER

CP

04/20/2007

Electronic Signature of Signing Officer or Director

Date