

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001654

FILED
Jun 24, 2009
Secretary of State

Entity Name: WEBCO DENTAL AND MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

320 SOUTH MAIN STREET
PHILLIPSBURG, NJ 08865

New Principal Place of Business:

12635 U.S. HIGHWAY 19
UNIT 4 & 5
HUDSON, FL 34667

Current Mailing Address:

320 SOUTH MAIN STREET
PHILLIPSBURG, NJ 08865

New Mailing Address:

FEI Number: 26-1372566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY, CHRISTOPHER K
12635 U.S. HWY 19 UNIT 4-5
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

COOLEY, CHRISTOPHER K
12635 U.S. HWY 19
UNIT 4-5
HUDSON, FL 34667 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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVCD () Delete
Name: LISMAN, CLIFFORD G DMD
Address: 320 SOUTH MAIN STREET
City-St-Zip: PHILLIPSBURG, NJ 08865

Title: PVST (X) Delete
Name: LISMAN, CLIFFORD G DMD
Address: 320 SOUTH MAIN STREET
City-St-Zip: PHILLIPSBURG, NJ 08865

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: LISMAN, CLIFFORD G DMD
Address: 320 SOUTH MAIN STREET
City-St-Zip: PHILLIPSBURG, NJ 08865

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLIFFORD G. LISMAN

P

06/24/2009

Electronic Signature of Signing Officer or Director

Date