


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F26561  
1. Entity Name  
LAWTON DENTAL LABORATORY, INC.



Principal Place of Business      Mailing Address  
% THOMAS C LAWTON, D.M.D.  
201 N LAKEMONT AVENUE  
WINTER PARK, FL 32792-3211      % THOMAS C LAWTON, D.M.D.  
201 N LAKEMONT AVENUE  
WINTER PARK, FL 32792-3211

**DO NOT WRITE IN THIS SPACE**



01032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3080896      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LAWTON, THOMAS C., DMD  
201 N LAKEMONT AVENUE  
WINTER PARK, FL

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAWTON, THOMAS C, DMD 201 N LAKEMONT AVE WINTER PARK, FL 00000
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UD0000182039  
01/19/05-80010-014 150.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  THOMAS C. LAWTON, D.M.D.      1-13-05      407.644.8242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #