

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26561

FILED
Jan 23, 2009
Secretary of State

Entity Name: LAWTON DENTAL LABORATORY, INC.

Current Principal Place of Business:

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE
WINTER PARK, FL 327923211

New Principal Place of Business:

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE #400
WINTER PARK, FL 327923211

Current Mailing Address:

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE
WINTER PARK, FL 327923211

New Mailing Address:

FEI Number: 59-3080896 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWTON, THOMAS C., DMD
201 N LAKEMONT AVENUE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

LAWTON, THOMAS C., DMD
201 N LAKEMONT AVENUE
#400
WINTER PARK, FL 32792 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: THOMAS C LAWTON DMD 01/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: LAWTON, THOMAS C, DM, D
Address: 201 N LAKEMONT AVE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS C LAWTON DMD DR 01/23/2009

Electronic Signature of Signing Officer or Director Date