2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90091 033 ***150.00

DOCUMENT # F28160

1. Entity Name
DENTAL CERAMICS, INC.

Principal Place of Business	Mailing Address
444 SW 24TH STREET CAPE CORAL, FL 33991	444 SW 24TH STREET CAPE CORAL, FL 33991

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
820 NE 7th Avenue	820 NE 7th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: CAPE CORAL, FL
Zip: 33909-2055 Country: USA	Zip: 33909-2055 Country: USA

4. FEI Number: 59-2152987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUNDERMAN, ALFRED P V/P
444 SW 24TH STREET
CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 820 NE 7th Avenue
City: CAPE CORAL **FL** Zip Code: 33909

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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV GUNDERMAN,ALFRED PHILLIP 444 SW 24TH STREET CAPE CORAL, FL 33991	☐ Delete	PV GUNDERMAN, ALFRED PHILLIP 820 NE 7th Avenue Cape Coral, FL 33909	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GUNDERMAN, PATRICIA 444 SW 24TH STREET CAPE CORAL, FL 33991	☐ Delete	ST GUNDERMAN, PATRICIA 820 NE 7th Avenue Cape Coral, FL 33909	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Alfred Phillip Gunderman 4/8/05 239-458-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALFRED PHILLIP GUNDERMAN