

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000000551**

1. Entity Name  
**MANATEE ORTHODONTIC LAB, INC.**



Principal Place of Business  
**1384 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312**

Mailing Address  
**1384 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3298726**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SEXTON, ROCHELLE G  
1384 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312**

**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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
SEXTON, ROCHELLE G  
415 E. JACKSON ST.  
THOMASVILLE, GA 31792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CSD  
SEXTON, TOM C  
415 E. JACKSON ST.  
THOMASVILLE, GA 31792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000165171  
07/12/04-800002-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.073)(4), 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:** *Rochelle Sexton* **ROCHELLE SEXTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/1/04*  
Date

*850 668 2080*  
Daytime Phone #