



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90044 050 \*\*\*150.00

<b>DOCUMENT # H22239</b> 1. Entity Name <b>PROFESSIONAL DENTAL CERAMICS, INC.</b>					
Principal Place of Business <b>924 HWY 19 SOUTH PALATKA, FL 32177 US</b>				Mailing Address <b>P. O. DRAWER 1399 PALATKA, FL 32178</b>	
2. Principal Place of Business <b>4605 Hwy. 17</b>		3. Mailing Address <b>4605 Hwy. 17</b>		  01182005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite 3</b>		Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>			
Zip <b>32003</b>		Zip <b>32003</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-2459562</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BALDWIN, ALLEN A. 409 1/2 ST. JOHNS AVENUE PALATKA, FL 32077</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS    11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PD <input type="checkbox"/> Delete NAME BECKHAM, BRADLEY E. STREET ADDRESS 1660 MARGARETS WALK RD. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> Delete NAME BECKHAM, BRADLEY E. STREET ADDRESS 1660 MARGARETS WALK RD. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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)(l), 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.					
<b>SIGNATURE: <u>Bradley E. Beckham</u>    <u>Bradley E. Beckham</u>    1-18-05 (904) 215-6658</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					