


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H37471 1. Entity Name JAMES REED DENTAL LABORATORY, INC.	
---	---

Principal Place of Business 1202 N. AMELIA AVENUE DELAND, FL 32724 US	Mailing Address 2501 S.E. MARIUS STREET PORT ST. LUCIE, FL 34952
---	--

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2490191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GIOVANOLI, TONY
A. ANTHONY GIOVANOLI, P.A.
1565 ORANGE AVENUE
WINTER PARK, FL 32789**

**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 TONY GIOVANOLI DATE 2-06-07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000627386 02/15/07-80059-015 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REED, DOROTHY M. 1202 N. AMELIA AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JAMES R 1202 N. AMELIA AVENUE DELAND, FL 32724
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy M. Reed 2-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #