

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # J14928 1. Entity Name PRECISION CERAMICS DENTAL LABORATORY, INC.	
--	---

Principal Place of Business 927 EAST ALFRED ST TAVARES, FL 32778 US	Mailing Address 927 EAST ALFRED ST TAVARES, FL 32778 US
---	---

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/06)

4. FEI Number 59-2691151	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLANICK, RONALD STEPHEN 927 EAST ALFRED ST TAVARES, FL 32778	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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SOLANICK, RONALD STEPHEN 927 E ALFRED ST TAVARES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SOLANICK, DEBORAH A. 927 E ALFRED ST TAVARES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000736785
05/11/07-80001-024 150.00

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: Deborah A. Solanick 4/23/07 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone # 343-6701
6702

DEBORAH A. SOLANICK
SECRETARY, TREASURER