



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # J65907		
1. Entity Name HEDLUND DENTAL, INC.		
Principal Place of Business 4284 ENTERPRISE AVE SUITE B4 NAPLES, FL 34104 US		Mailing Address 4284 ENTERPRISE AVE SUITE B4 NAPLES, FL 34104 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEDLUND, DAVID 574 WEST PLACE NAPLES, FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	HEDLUND, DAVID E	
STREET ADDRESS	574 WEST PLACE	
CITY-STATE-ZIP	NAPLES, FL	
TITLE	ST	
NAME	HEDLUND, SUSAN D	
STREET ADDRESS	574 WEST PLACE	
CITY-STATE-ZIP	NAPLES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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: 		4/29/04 239-435-9177 <small>Date Daytime Phone #</small>



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2808479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1000000145735
05/03/04-80037-015 150.00

**DO NOT WRITE
IN THIS SPACE**