

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J77442

FILED
Jul 27, 2005
Secretary of State

Entity Name: THE CHESHIRE GRIN DENTAL LAB, INC.

Current Principal Place of Business:

1303 W FLETCHER AVE
TAMAP, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

1303 W. FLETCHER AVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-2824314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CARY A
1303 W FLETCHER AVE
i0
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

WILLIAMS, CARY A
1303 W FLETCHER AVE
i0
TAMPA, FL 33612 US

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.

SIGNATURE:

07/27/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WILLIAMS, CARY A.,
Address: 1303 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: WILLIAMS, BLAIR H.,
Address: 1303 W. FLETCHER AVENUE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY A WILLIAMS

STD

07/27/2005

Electronic Signature of Signing Officer or Director

Date