

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95342

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ELDREDGE DENTAL LAB, INC.

**Current Principal Place of Business:**

1953 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**New Principal Place of Business:**

**Current Mailing Address:**

1953 SW BILTMORE ST  
PORT SAINT LUCIE, FL 34984 US

**New Mailing Address:**

FEI Number: 59-2845870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELDREDGE, STEVEN  
1809 SOUTHWEST DAVIS STREET  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELDREDGE, STEVEN,  
Address: 1809 SW DAVIS ST  
City-St-Zip: PORT ST. LUCIE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ELDREDGE, STEVEN,  
Address: 1809 SW DAVIS ST  
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN ELDREDGE

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date