2004 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1
~ め、
7

	ANNOAL N	EPONI (An	<u> </u>	T	1 7		
DOCUMENT # K08707 1. Entity Name		å.	- ' s		THE D		
LAND O'LAKES DENTAL LAB, INC.					FILED 04 OCT -6 PH 3:55		
Principal Place of Business Mailing Address				1			
3944 LAKE PADGETT DR 6 LAKE PADGETT SQ. LAND O'LAKES FL 34639 US		3944 LAKE PADGETT DR LAND O'LAKES FL 34639 US		C	SECRETANY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite. Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (4/04)		
City & State		City & State			4. FEI Number 59-2873224 Applied For Not Applicable		
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6: Name and Address of Current Registered Agent				†	7. Name and Address of New Registered Agent		
NAVI	EDC MICHAEL D	ليست ۾ منسد	-	Name			
MYERS, MICHAEL B. 3944 LAKE PADGETT DR LAND O'LAKES FL 34639			Street Address ((P.O. Box Number is Not Acceptable)			
				City	Zip Code		
					<u> </u>		
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 reinstating) DATE							
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.							
	k Payable to Florida Department of				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OFFICERS AND	Directors	11. TITU		Change D Addition		
NAME	MYERS, MICHAEL B.		NAM		900041605049 10/05/0401034017 **150.00		
STREET ADDRESS CITY-ST-ZIP	3944 LAKE PADGETT DR. LAND O'LAKES FL 34639		1 1	EET ADDRESS '-ST-ZIP	10/03/040103401(**150.00		
TITLE		☐ Delete	ווזע	- .	☐ Change ☐ Addition		
NAME STREET ADDRESS			nam Stre	ie Eet address			
CITY-ST-ZIP			1	-ST-ZIP			
TITLE	المناومين والمناورة	☐ Delete	TITL	1	Change Addition		
NAME STREET ADDRESS . CITY-ST-ZIP		. · · · · ·		eet address st-zip	-		
TITLE		☐ Delete	TITE	E	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAM	ie Eet address			
CITY-ST-ZIP				'-ST-ZIP	·		
TITLE		☐ Delete	TITLI NAM		Change Addition		
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			CITY	'-ST-ZIP			
TITLE		☐ Delete	TITU		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAM STRE	EET ADDRESS			
CITY-ST-ZIP			CITY	'- ST- ZIP			
12. Thereby 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.							
	C 213 G96 6861						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							

500

September 28, 2004

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

> Re: 2004 UBR for <u>LAND O LAKES DENTAL LAB, INC.</u> Florida Document No: <u>K08707</u>

To Whom It May Concern:

It has come to my attention that the above-referenced Corporation did not receive the 2004 Uniform Business Report package concerning its annual report and therefore failed to file a timely UBR for 2004. We ask that, since the original package was never delivered to our address, that you waive the late filing fee and accept our payment of \$150.00 for the Corporation's 2004 UBR.

Thank you for your consideration:

Sincerely,

Michael Myers