2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # K08707 LAKES DENTAL LAB, INC.				Sec	cretary	of State
3944 LAKE 6 LAKE PAD	ce of Business PADGETT DR GETT SQ. ES, FL 34639 US	Mailing Address 3944 LAKE PADGETT DR LAND O'LAKES, FL 34639	US			ONDER OLIVETA OFFICE PROFILE	21811 A V178V2 1821
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DO NOT WRITE IN THIS SPAC				01052005	No Chg-P	CR2E034 (1	0/03)
L	O NOI WHILE	IN ITIS SPA	CE	4. FEI Number 59-287			Applied For Not Applicable
	والمستعدد والمستعد والمستعدد والمستع	No New Jan		5. Certificate	of Status Desired		5 Additional Required
6. Name and Address of Current Registered Agent							
MYERS, MICHAEL B. 3944 LAKE PADGETT DR LAND O'LAKES, FL 34639			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.							
TID ONINGTO OF TORIGINATION .							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added							
10.	OFFICERS AND D	RECTORS					<u> </u>
TITLE	D						
name Street address	MYERS, MICHAEL B. 3944 LAKE PADGETT DR.						
CITY-ST-ZIP	LAND O'LAKES, FL 34639		İ		02/28/05-8	241293	
TITLE			1		02726705-6	W015-001	150.00
NAME							
STREET ADDRESS							
CITY-ST-ZIP			I .				

DO NOT WRITE IN THIS SPACE

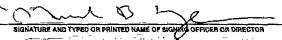
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

CITY-ST-ZIP



2-2-4-05 213 596 6861