

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 033 ***150.00

DOCUMENT # K55851

1. Entity Name
MMS DENTAL LABORATORIES, INC.



Principal Place of Business
**110 SOUTH MACDILL AVE.
TAMPA, FL 33609**

Mailing Address
**110 SOUTH MACDILL AVE.
TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #
3130 Hurley Road
Suite, Apt. #, etc.

3. Mailing Address
3130 Hurley Road
Suite, Apt. #, etc.



01272007 Chg-P CR2E034 (12/06)

City & State
Valrico FL

City & State
Valrico FL

4. FEI Number
59-2934275

Applied For
Not Applicable

Zip
33594-5603

Country
US

Zip
33594-5603

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL, WILLIAM J
110 SOUTH MACDILL AVENUE
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3130 Hurley Road

City **Valrico**

FL

Zip Code
33594-5603

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

William J. Russell Pres.

4-24-2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
RUSSELL, WILLIAM J.
110 SOUTH MACDILL AVE.
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RUSSELL, WILLIAM J.
110 SOUTH MACDILL AVE.
TAMPA, FL** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3130 Hurley Road
Valrico FL 33594-5603** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3130 Hurley Road
Valrico FL 33594-5603** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William J. Russell, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 813-815-3311

Date

Daytime Phone #