

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L59892

1. Entity Name
ZINN DENTAL LAB, INC.



Principal Place of Business

440 S. FEDERAL HWY #115
SUITE E-2
DEERFIELD BEACH, FL 33441

Mailing Address

440 S. FEDERAL HWY #115
SUITE E-2
DEERFIELD BEACH, FL 33441



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0018889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZINN, RICHARD
440 S. FEDERAL HWY.
SUITE E-2
DEERFIELD BEACH, FL 33441

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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
DP
ZINN, RICHARD
440 S. FEDERAL HWY #115
DEERFIELD BEACH, FL 33441

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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03/17/05-80005-011 150.00

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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:

John R. Zinn (John R. Zinn)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

954-421-1762

Daytime Phone #