

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 026 ***150.00

DOCUMENT # L82751

1. Entity Name
STERLING DENTAL ARTS, INC.



Principal Place of Business
**1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

Mailing Address
**1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

54056825

2. Principal Place of Business

3. Mailing Address

230 PARNELL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012003

Chg-P

CR2E034 (10/03)

City & State

City & State

MERRITT ISL, FL

4. FEI Number

59-3064365

Applied For

Not Applicable

Zip

Country

Zip

Country

32953

USA

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

**JOHNSON, LUTHER R JR
125 VENETIAN WAY
MERRITT ISLAND, FL 32953**

Name

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

City

FL

Zip Code

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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☒ PD ☐ Delete
NAME **JOHNSON, L R**
STREET ADDRESS **125 VENETIAN WAY**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☐ PD ☐ Delete
NAME **JOHNSON, L R**
STREET ADDRESS **230 PARNELL ST.**
CITY-ST-ZIP **MERRITT ISL, FL 32953**

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: **Luther R. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04
Date

321 4534867
Daytime Phone #