2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M74700

Entity Name: SEVEN HILLS DENTAL LABORATORY, INCORPORATED

Current Principal Place of Business:

1925 WELBY WAY
TALLAHASSEE, FL 323085107

New Principal Place of Business:

Current Mailing Address:

PO BOX 12612
TALLAHASSEE, FL 32317

New Mailing Address:

POST OFFICE 12612
TALLAHASSEE, FL 32317

FEI Number: 59-2892843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMBLE, STEVE
1925-B WELBY WAY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRIMBLE, STEVE
Address: 1925-B WELBY WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: WATTS, GLENN
Address: 1925-B WELBY WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE TRIMBLE D 03/20/2009
Electronic Signature of Signing Officer or Director Date