2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# M75631

Entity Name: PRICE'S DENTAL LAB, INC.

Current Principal Place of Business:

C/O NORMA RUTH PRICE
109 MORNINGSIDE DR
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

C/O NORMA RUTH PRICE
109 MORNINGSIDE DR
VALRICO, FL 33594 US

New Mailing Address:

C/O NORMA RUTH PRICE
4205 S MERIDITH AVE
VALRICO, FL 33594 US

FEI Number: 59-2930623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, NORMA RUTH
4205 S. MEMREDITH DR.
VALRICO, FL 33594

Name and Address of New Registered Agent:

PRICE, NORMA RUTH
4205 S. MERIDITH AVE
VALRICO, FL 33594

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: NORMA RUTH PRICE 07/13/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRICE, DONNIE CLAY,
Address: 4205 S. MEREDITH DR.
City-St-Zip: VALRICO, FL

Title: D ( ) Delete
Name: PRICE, NORMA RUTH,
Address: 4205 S. MEREDITH DR.
City-St-Zip: VALRICO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: PRICE, DONNIE CLAY,
Address: 4205 S. MERIDITH AVE.
City-St-Zip: VALRICO, FL

Title: D/VP (X) Change ( ) Addition
Name: PRICE, NORMA RUTH,
Address: 4205 S. MERIDITH AVE
City-St-Zip: VALRICO, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORMA RUTH PRICE V/P 07/13/2004
Electronic Signature of Signing Officer or Director Date