2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2012
Secretary of State

DOCUMENT# M87367

Entity Name: T.M.J. DENTAL LABORATORY, INC.

Current Principal Place of Business:

105 W. HOLLY AVE
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

105 W. HOLLY AVE
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2899664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, GERALD
105 W. HOLLY AVENUE
ORANGE CITY, FL 32763 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

OFFICERS AND DIRECTORS:

Title: P
Name: HINES, GERALD R
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: V
Name: HINES, KATHARINE
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL

Title: T
Name: HINES, KATHY
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL

Title: S
Name: HINES, KATHARINE
Address: 1553 NAPLES CIRCLE
City-St-Zip: DELTONA, FL 32738

I hereby 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 all other like empowered.

SIGNATURE: KATHARINE A HINES V 08/17/2012

Electronic Signature of Signing Officer or Director Date