

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89506

Entity Name: LARRY'S DENTAL LAB, INC.

FILED  
Mar 11, 2007  
Secretary of State

**Current Principal Place of Business:**

100 W HOLLY DR  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

100 W HOLLY DR  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 59-2903084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAUFL, LARRY  
100 W HOLLY DR  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SAUFL, LARRY P.,  
Address: 100 W. HOLLY DRIVE  
City-St-Zip: ORANGE CITY, FL 32713

Title: VPT ( ) Delete  
Name: SAUFL, LISA F.  
Address: 100 W. HOLLY DR.  
City-St-Zip: ORANGE CITY, FL 32713

**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 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: LARRY SAUFL

PS

03/11/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date