



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000029321 1. Entity Name BENCHMARK DENTAL LABS OF BREVARD, INC.	
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Principal Place of Business 1520 BOTTLEBRUSH DR NE SUITE 2M PALM BAY, FL 32905	Mailing Address 10 HARDING BLVD MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE

	
02062004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3627180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAYMAN, ALLEN 1520 BOTTLEBRUSH DR NE SUITE 2M PALM BAY, FL 32905
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089775 03/16/04-80002-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LAYMAN, ALLEN 10 HARDING BLVD MELBOURNE, FL 32901
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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: <u>Allen Layman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/11/04 (32) 409-8500 Date Daytime Phone #