

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107021

FILED
Feb 26, 2004
Secretary of State

Entity Name: LAKELAND DENTAL LABORATORY, INC.

Current Principal Place of Business:

121 MCDONALD ST
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

121 MCDONALD ST
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-3691695 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHICK, MELVIN R
121 MCDONALD ST
LAKELAND, FL 33803

Name and Address of New Registered Agent:

SHICK, RICHARD
121 MCDONALD ST
LAKELAND, FL 33803

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: RICHARD SHICK 02/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHICK, MELVIN R
Address: 308 WEST PALM DR
City-St-Zip: LAKELAND, FL 33803 US

Title: T () Delete
Name: YOUNGS, DEANNA K
Address: 5902 NORTH FORK CT
City-St-Zip: LAKELAND, FL 33809 US

Title: S () Delete
Name: RAPKA, CLARA J
Address: 5215 LARIMEE COURT
City-St-Zip: OAK FOREST, IL 60452 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHICK, RICHARD
Address: 308 WEST PALM DR
City-St-Zip: LAKELAND, FL 33803 US

Title: T (X) Change () Addition
Name: YOUNGS SHICK, DEANNA K
Address: 308 WEST PALM DR
City-St-Zip: LAKELAND, FL 33803 US

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 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: RICHARD SHICK P 02/26/2004

Electronic Signature of Signing Officer or Director Date