

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000006771**

1. Entity Name  
EXCELLENCE IN DENTAL TECHNOLOGY, INC.



**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

10661 AIRPORT ROAD, NORTH  
SUITE 13  
NAPLES, FL 34109

Mailing Address

10661 AIRPORT ROAD, NORTH  
SUITE 13  
NAPLES, FL 34109



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3692047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000091376  
03/18/04 80087-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEASON, W. DAY 1894 MORING SUN LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEASON, BARBARA 7858 GARDNER DRIVE NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

239-596-1675

Date

Daytime Phone #